



Dear Editor:

Re: Stress: Fright, Flight or Fight?

I would like to compliment Dr. Richard and James Vahl in presenting a 21st century explanation of the concepts and premises of chiropractic's founding father, DD Palmer, of the mind and stress producing a subluxation in their article published in the *The Chiropractic Choice*, Vol. 4, No. 6.

I have practiced chiropractic for 53 years and it is rewarding to read such an explanatory definitive article explaining the modern principles, premises and concepts of the anatomical, biomechanical, physiological and psychological relationships of one of the causes of spinal subluxations that was hypothesized, theorized and promulgated by D.D. Palmer and as taught to me at the Columbia College of Chiropractic in Baltimore, Maryland in the early 50's...

Accolades to both authors for the article and their work that promotes, substantiates and proves the principles, philosophy, science and art of chiropractic.

Charles, N. Cooper, D.C.
Baltimore, Maryland

Dear Editor:

Re: Fringe elements in Chiropractic

Let's think about something for a moment. Who represents the 'fringe element' in the Chiropractic profession? Roughly 90% of our profession acknowledge the subluxation. Technology exists now to measure nerve function. Imaging systems exist that allow us visual proof of the existence of Vertebral Subluxation Complex. Let's not forget the innumerable conditions that have improved and in many cases vanished from the patient's list of ailments the medical profession had failed to address or simply wrote off as untreatable. How many lives have been changed? How many lives saved? Yet there are those among us who decry the lack of scientific evidence that such a condition exists. Why then are these individuals in Chi-

ropractic? What made them want to enter a profession that was so lacking in evidence? Why is it that these individuals are in positions of influence? One has to wonder what their intentions are.

Let's examine the CCE-Life University debacle. The persons involved in removing Life University's accreditation happened to represent chiropractic colleges whose combined student populations were LESS than the student population of Life University. All of these colleges were in financial trouble. Life University on the other hand was not in financial distress until after their decision to remove accreditation. The president of Bridgeport Chiropractic College applauded the CCE's actions and referred to Life University as the leading edge of the fringe element. The chiropractic student population of Bridgeport University is currently less than one graduating class at Life. Yet Life represented the fringe. I'm curious to know how that works.

How is it that the colleges boasting low student populations and declining enrollment gain control of the CCE? How do these same colleges obtain the audacity to call Life a fringe element college? Why must such institutions resort to dubious and illegal methods to save their colleges from financial ruin?

Why is it that the so-called fringe element colleges are gaining students and graduating larger numbers of chiropractors into the world when the self proclaimed mainstream colleges are losing students once again now that Life is back on track?

One must remember the AMA injunction limited only the AMA from messing with chiropractic. It said nothing about state level medical associations which have, in my opinion, continued AMA efforts. It might be wise for the leadership of Chiropractic to look into medical influence of the CCE, NBCE and FCLB. Some reading this may believe this paranoid. True paranoia is based in the imagination with no real evidence to support it. On the other hand we have the AMA and its documented efforts against our profession. With stated goals and specific target areas where they had intended to disrupt our profession. We have a blueprint of what they wanted to accomplish. The CCE is doing exactly what the AMA had intended during the 1966-1980 boycott. Their actions are almost an exact duplicate of AMA goals and intentions. The time has come for the CCE board members to step down and if they do not step down should be removed physically from office by the 90% of us who they call the fringe element. The CCE, NBCE and FCLB is the true fringe element. They have lost their way in the Chiropractic profession or have, as I suspect, sold out to the medical establishment.

To the CCE I say, step down or be removed. You have disgraced this profession and yourselves. Retain what honor you have left and retire on the medical tab. All I ask is that you get out of my profession and stay out.

Richard L. Bend, D.C.
Monterey, California

WHIPLASH UPDATE – LOW IMPACT MV COLLISIONS

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Whiplash Following Rear End Collisions: A Prospective Cohort Study

Journal of Neurology, Neurosurgery, and Psychiatry
August 2005;76:1146-1151

LH Pobereskin

The key points noted in this article include:

1. This is a unique study because it is a prospective study that looked at all individuals who had been exposed to the trauma of a rear-end motor vehicle collision, whether injured or not, and whether they sought medical attention or not.
2. 78% of vehicle crash victims will have neck pain lasting more than one week.
3. 52% of vehicle crash victims will have neck pain lasting more than one year.
4. These numbers (78% and 52%) excluded people with serious injuries requiring immediate transfer to hospital and those who had suffered a head injury. Therefore these numbers are conservative.
5. 13% of vehicle crash victims still cannot work 1 year later.
6. Striking vehicle speeds are not related to initial neck VAS scores.
7. Striking vehicle speeds are not related to the number of days the victim will have neck pain.
8. Striking vehicle speeds are not related to neck pain severity initially

or at one year or neck VAS scores at one year.

9. "There is little evidence that the severity of the impact predicts the early onset of neck pain or pain at 1 year." **[Important]**
10. "It is surprising that it has not been possible to relate estimated striking speeds to early whiplash or to any measure of neck pain severity either early on or at 1 year." **[Important, this supports that vehicle speeds and damage are unrelated to injury]**
11. In this study, driving a large car and being struck increased the risk of neck pain. This "seems counter-intuitive." "Large cars are less likely to deform and therefore more of the energy of the collision was transmitted to the occupants." **[Very Important]**
12. In this study, there was no improvement in symptoms once the compensation claim was settled. **[Important]**

This article presents more evidence that a lot of people suffer from long-term symptoms following whiplash trauma, and that they are not all recovering in a few weeks.

Correlating Crash Severity with Injury Risk, Injury Severity, and Long-term Symptoms in Low Velocity Motor Vehicle Collisions

Medical Science Monitor
October 2005; 11(10): RA316-321

Arthur C. Croft and Michael D. Freeman

These authors note:

In the mid-1990s, a set of guidelines was published by a leading U.S. auto insurer instructing claims adjusters that injury claims resulting from motor vehicle crashes with less than \$1,000 US in claimant's vehicle property are "unlikely to — or cannot cause significant or permanent injury" and should "be handled as a fraudulent claim," regardless of medical evidence of injury. The "claim goal was to close without payment."

The MIST protocol uses vehicle property damage as a construct for injury, and all injury claims less than \$1,000 US of vehicle property damage are considered to be false.

These authors "conducted a comprehensive best evidence synthesis of the existing medical and engineering literature to investigate the relationship between vehicular structural damage and occupant injury in motor vehicle crashes."

The key points noted in this article include:

1. A substantial number of injuries are reported in crashes of little or no property damage.
2. Property damage is an unreliable predictor of injury risk or outcome in low velocity crashes.
3. 95% of rear impact injury crashes occur below 25 mph.
4. Rear-end collision injury severity and duration can be reduced with a head restraint closer to the occupant's head.

5. Well-done studies documented cases of injury with "almost no vehicle damage."

6. There is "no statistically significant associations between crash severity and the 6-month injury status."

7. "Persons who were unaware of the impending crash were significantly more likely to have persistent symptoms."

8. "No statistically significant relationships existed between measures of crash severity in terms of calculated velocity change or maximum deformation and long-term symptoms."

9. There are no significant correlations between crash severity and long-term symptoms.

10. There is a substantial injury risk in frontal and rear impact low speed crashes without sustaining appreciable vehicle damage.

11. "It seems clear that property damage in low velocity motor vehicle crashes does not provide a reliable means of assessing the validity of injury claims and, provides no reliable means of prognosticating long-term outcome."

12. "A substantial number of injuries are reported in crashes of severities that are unlikely to result in significant property damage."

13. "Property damage is neither a valid predictor of acute injury risk nor of symptom duration."

14. "Based upon our best evidence synthesis, the level of vehicle property damage appears to be an invalid