

Virchow's Triad and spinal manipulative therapy of the cervical spine (Letter to the Editor – Reply). J Can Chiropr Assoc 2002; 46(1):63–64.

To the Editor:

I appreciate the authors' response. Since, unlike the authors, I do not share the objective "to steer away from a linearly logical approach" and to emphasize "relationships rather than facts" in considering this grave consequence of cervical spinal manipulative therapy (SMT), I am still unable to fathom the validity of: 1) intrapolating the duration of the causative event from the duration of symptoms of a transient ischemic attack; 2) using "basic diagnostic procedures" which have been reported to be invalid and unreliable for detection of neck artery occlusion predisposing to stroke,¹ let alone for detecting any predisposition to stroke following SMT, which is consequent to arterial dissection.² The authors have again arrived at an unwarranted conclusion: had they read any of my published case reports,³ or consulted any of my colleagues or peers, including about 2,000 former students, they should have known that I teach and practise "basic diagnostic procedures in clinical practice" whenever they might provide relevant and useful information, but not simply for the sake of doing something.⁴ 3) speculating

about any correlations while "still in the data collection process." Surely, being involved in research on vertebral artery damage, Dr. Symons might be familiar with the problems Dr. John Norris has caused and encountered (expressed in letters to the editors of *Medical Post* and *Journal of the Canadian Medical Association*) for similar premature speculation correlating stroke and SMT.

I hope that the authors agree that observations and facts must form the basis of any discussion which has a chance to further knowledge and understanding. They need look no farther than the chiropractic profession's perpetual discussions about subluxations, philosophy, etc. to predict the likely fate of discussion born of speculation.

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References

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- 3 Steiman I, Grod JP. Spinal manipulation in a case of sacral fracture: presentation in a chiropractic office. J Can Chiropr Assoc 1996; 40:145–149.
- 4 Bril V, Perkins BA. Diabetes Care 2002; 25:565–569.

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