Subluxation – the silent killer (Commentary). JCCA 2000; 44(1):9–18.

To the Editor:

It is with great sadness that I am writing this letter in response to Dr. Ronald Carter's commentary entitled 'Subluxation – the silent killer' (JCCA 2000; 44(1):9–18). The most disturbing aspect of this article is that a respected chiropractor that is past president of the CCA, would write such an antagonistic and divisive commentary. The core of the paper, as I understand it, is that philosophically or subluxation-based (ie. unscientific) chiropractors are the impediment to the progress of chiropractic with a 'misdirected allegiance to our dysfunctional history.' There are several inferences that the 'dogmatic' subluxation theory and its proponents are the cause of the divisions and chaos in our profession today. I was shocked when Dr. Carter implied that subluxation-based chiropractors are taking advantage of the sick!

In his commentary, Dr. Carter also discusses how he believes the massive concentration of efforts and resources over time to substantiate the subluxation theory has caused us to regress politically and financially. He also suggests that the public is not willing to accept this type of philosophy. I believe the *majority* of our resources have not been focused on subluxation research. In recent years, grass roots movements in North America have revived subluxation-based chiropractic, with an emphasis that healing comes from within. The public, in turn, is embracing these types of philosophies. This is evident by the increasing popularity of best-selling authors Deepak Chopra, Wayne Dyer, Bernie Siegal and Andrew Weil. A 1990 Harvard study showed 425 million visits to non-medical practitioners. Chiropractors are one of the most commonly chosen of non-medical practitioners. There were 388 million visits to MDs. These figures illustrated a large shift in 1997. MD visits were about the same (387 million), and non-MD visits jumped to 692 million, a ratio of almost 2:1.

Dr. Carter's reference to the "Millionaire Next Door" is misleading in saying that chiropractic's ranking went from 10th in 1984 to 49th in 1992. These numbers are **not** based on income ranking or consumer's popular choice. In fact, six pages later, it is revealed that in 1992, chiropractic actually ranked 7th out of 171 sole proprietorship businesses ... just ahead of drugstores! So, do the numbers and consumer choice studies indicate chiropractic slowing down because of subluxation or is it expanding as a result of the philosophy? A lack of overwhelming scientific evidence does **not** infer a lack of existence. Were atoms, EM waves and black holes unreal before they were "proven" to exist?

Flipping through a magazine recently, I came across a picture of a buddhist monk standing at his temple, taking in a breathtaking mountainside scene. The title "The Power from Within" was at the top with an explanation that "Ancient wisdom teaches us that power and serenity come from within." *The Punch Line:* It was a pharmaceutical ad for heart medication! Even they are portraying innate-like philosophy and ideas that (they know) consumers want to hear. Chiropractic philosophy is an idea whose time has come. Arthur Schopenhauer put it best: "Every truth passes through three stages before it is recognized. In the first, it is ridiculed; in the second, it is opposed; in the third, it is regarded as self-evident."

Lee Bagola, DC
Oshawa, Ontario

To the Editor:

A wonderful piece of work! This commentary should be must reading for all chiropractic students at every college, everywhere in the world. Dr. John Faye recommends that we should all read extensively on the subject of "subluxation" for a half hour a day for six months. I suggest we all read Dr. Carter's essay every day for six months. After the six months, read it again. Bravo!

Allan Horowitz, DC
Richmond Hill, Ontario

To the Editor:

I am writing in response to the 'Commentary' published in the March 2000 issue of JCCA. It was surprising to see this diatribe published in the JCCA after seeing it 18 months earlier when the doctor submitted it to the College of Chiropractors of Alberta Council for 'consideration'.

It is interesting how this doctor makes several references to this one word, the 'subluxation', this one concept as if all of Chiropractic must 'get over it' to move ahead. When can we let this issue go? When can we stop talking about and emphasizing 'the silent killer among us' and the albeit destruction of our profession. Let's be realistic. Chiropractic is here to stay and will take it's rightful place within the health care system of every nation worldwide when we unite together and continue to move ahead.

Dr. Carter comments about the minority within this profession that supports and communicates the word subluxation, and that leaders are elected by this minority. How absurd. The most recent AGM of the College of Chiropractors of Alberta voted TO SUPPORT the Subluxation based clinical guidelines. The Doctors that get elected to boards are ELECTED based upon voting. This represents a majority not a minority. If anyone needs to get over an issue, I suggest it is Dr. Carter with his years of experience.

The CCA has been developing and presenting a new perspective of a model that communicates common ground and principles that Chiropractors can agree upon. This was published by the JCCA 43(4):201–202 and summarized again by Dr. Dave Peterson in the current March edition in letters to the Editor.

Can we not all agree that there will be two ends to any continuum of perspective? It is the ends that defines the spectrum. I have also heard from subluxation based Chiropractors, that as soon as all Chiropractors adopt the 33 principles of chiropractic and the supremacy of the VSC, that then, our profession will be saved. Neither extreme positioning ultimately has the balanced position that it will take to continue to move Chiropractic forward within the health care system in Canada. The CCA model has just that.

Leslie D Shaw, DC
Calgary, Alberta

To the Editor:

I must congratulate Dr. Ronald Carter on his excellent commentary. His article, which I read with some relief, echoes my opinions exactly. Like Dr. Carter, my good conscience has overcome my apathy on the subject of a subluxation-based belief system. Complacency from our membership has unnecessarily given those chiropractors who base their philosophy on the subluxation model, a overly loud and aggressive voice. The "subluxationists" possess a passionate, but sorry devotion to a concept which our society and patient's cannot understand and which chiropractic research does not support. To give a voice to the silent majority, I have encouraged all chiropractors I know to review this article and familiarize themselves with its contents. We are all bound to come up against a subluxation zealot at some point in the future. And, although arguing with one may be a study in futility, at least the research-based chiropractor will not have to sit there quietly and listen to emotionally charged babble about "19th Century pseudoscience". At the very least, we can remind them that "giving names and definitions to unproven spiritual entities ... does not guarantee their existence". Or, "that there's all the difference in the world between a belief that one is prepared to defend by quoting evidence and logic and a belief that is supported by nothing more than tradition ...". For some patients, the problem may not be a subluxation, it may be their chiropractor's point of view. Dr. Carter, thank you for bringing together the points that I knew for so long, but could not articulate.

Darrin T Milne, BSc, DC
North York, Ontario

To the Editor:

I read with interest Dr. Carter's commentary on subluxations. His genuine concern for the welfare of the profession is to be admired. His thoughts, however, would meet with a more welcome reception if he were to display greater understanding and respect for views that differ from his own.

I understand that his main point was that focusing on the subluxation (and the paradigm the word represents) has not served the profession well. In light of misunderstanding within and without the profession, clearly there is a problem with how chiropractic is perceived. I would contend, however; that it is not opposing ideas within the profession that have led to conflict, but the way we handle the differences that is the real problem. Dr. Carter's com-

mentary is a fine example of how we chiropractors frequently mis-handle views that conflict with our own and sabotage the growth of the profession.

Dr. Carter suggested that re-focusing our efforts toward what chiropractors do (adjusting the spine) and the effect that adjustments have on human health would be beneficial. This may indeed be a good idea and one that could be embraced by those who practise either from an allopathic point of view or from those who serve a larger vision. This point is well taken, however; I take issue with his insinuations that "subluxation-based" doctors are insincere, dogmatic, rigid, egotistical, and generally sacrifice the best interests of patients for self-serving motives. That position is insulting, narrow minded, and undermines his desire to move the profession ahead. The spirit of those comments are in direct contradiction with Dr. Carter's stated goal of "setting aside differences", "de-emphasizing mis-understanding", and"working together in broad-minded tolerance". Name-calling such as he engaged in, the intolerance he demonstrated, and his false assumptions are the real problem.

I contend that our profession would be better served if we set aside our professional insecurities and our need to be "right" and recognize the value of diversity. No matter what our philosophy might be, chiropractic would grow if we chiropractors could:

1 Recognize the dedication of chiropractors in general. Most chiropractors do not "take advantage of the sick" but give the best of themselves for the betterment of their patients.

2 Seek to completely understand opposing philosophies and methods of practise. In the light of that understanding, a mutual respect will be borne.

3 Be mature enough to disagree without becoming disagreeable. I believe that opposing views can enhance progress. As one's ideas and thoughts are challenged new insights are realized.

4 Spend time and energy promoting your own position rather than denigrating the position of others. Dr. Carter commented that "We see the world not as it is but as we are". Let us be humble enough to recognize that "we" may need to adjust our perspective.

5 As Dr. Carter stated, "the profession belongs to the patients". If that truly is the case, then let THE PATIENTS decide which type of chiropractor and which type of chiropractic they wish to benefit from. I'm secure enough to let them choose.

I agree that there are more productive ways to promote and grow our profession. I do not believe that that way involves abandoning a philosophy just because it is difficult to understand and present or because some in our profession disagree with it. We must continue to strive for excellence and support our colleagues and be more "tolerant" as Dr. Carter said and not be "intolerant" of different ideas, as Dr. Carter also proposed.

Ryan A Lees, DC
Airdrie, Alberta

To the Editor:

I found the commentary by Ronald Carter, DC poorly written, with no flow of facts and find it unbelievable that the editorial board would publish this article in this form. The content of the article is also disturbing. In the article Dr. Carter talks about subluxation – the silent killer and relates that he thinks that to be accepted "into the scientific health care delivery system." – that we must reduce ourselves to low back pain doctors. As far as I am concerned my professional goals are not about acceptance into the present model of "health care" – this is a system that is not scientific in its treatment of symptoms with pharmaceuticals and does little to prevent disease or promote health. Dr. Carter also believes that vertebral subluxation chiropractors are dogmatic and don't diagnose because they may find being a doctor stressful. This too I disagree with, I don't believe that the chiropractors that are concerned with the detection and correction of vertebral subluxations are doing so because it is less stressful. I know that the chiropractors that are "principle based" do diagnose their patients (Ontario Ministry of Health diagnostic codes include diagnosis of subluxations) and realize that to be healthy their patients require more than just chiropractic adjustments. Chiropractors need not diagnose the symptom itself but rather diagnose what is causing the body not to function properly (i.e. vertebral subluxations). They also realize that you do not need overt symptoms or any symptoms at all to have your spine checked. Chiropractic is based on the fact that if the nervous system is

functioning to its highest capacity that it will better fend off ill health. As in medical practice, there must be theory based on the physiology of the human body. This theory is the chiropractic principles and they are backed by scientific research (JVSR).

I am proud to be a chiropractor that uses the terms subluxation and adjustment and am willing to do my best for my patients health and not limit what I do for them because it conforms to a reductionistic medical model.

I believe that if health care is going to change from its present state of disease care, that chiropractors will have to speak up for what they know is right and not just what our medical colleagues want us to say.

Dr. Carter's opinion does not sit well with me when he states "the subluxation story regardless of how it is packaged is not the answer" and I do hope that as Dr. Carter recommends that, "it is now time for the silent majority to make their voices heard" that he will see that the majority of chiropractors do recognize vertebral subluxation and that chiropractic is beneficial for your over all health. To this end it is hoped that the JCCA will seek out research into chiropractic and publish articles that are applicable to clinical practice.

Michael Staffen, DC
Sudbury, Ontario

To the Editor:

I have just finished reading Dr. Ronald Carter's commentary "Subluxation, The Silent Killer". Churchill once said: "True genius resides in the capacity for evaluation of uncertain and conflicting information". What an *amazing* piece. How true, that this model has cost our profession years of positive growth and even more appropriate that this commentary appears in the first volume of the JCCA of this millennium. Certainly, it behooves the profession to judiciously reflect upon the antiquated subluxation model and in this view concurrently discern the future and survival of this profession in the emerging health care system of this century. Clearly, during the past decade there has been a major societal valuation of how health care will be financed and how quality is measured. The challenge to this profession is to lucidity demonstrate the value of services rendered where value is measured by quality of the outcome, quality of service at reduced cost.

Perhaps the focus on the Manual Medicine model as practiced in Germany, Switzerland, the Czech Republic and other European countries would benefit examination. In these countries manual spinal manipulation is practiced as a specialty and compromises only one portion of a treatment scope where care is multifaceted.

Heller at the Orthopedic University Clinic in Achen, Germany examined the status of manual medicine in the emergency ward of the Orthopedic University Clinic.[1]

Lewit states that what used to be considered specific articulate dysfunction appears to be initially a muscular problem, and the concept of the mechanical joint lesion, subluxation, appears increasingly conjectural.[2] In respect to the consideration of the 1910 subluxation model, Lewit states the concept of faulty position or misalignment should be abandoned for good, as there is not a constant neutral position. Therefore the object of treatment is to achieve free normal mobility so that the patient's motor control can best decide what position is most suitable under given conditions. It also is necessary to be aware of the possibility of "palpatory illusions". Vertebrae go where muscles and ligaments put them. Vertebrae stay where ligaments and muscles keep them.

Villas carried out a study on 10 children at the C1 C2 level to examine the subluxation clinically and radiologically.[3] In the ten children studied, there were no significant differences with regard to neck mobility or laxity signs in clinical or standard x-ray examination. This study led them to perceive that there is a risk of overdiagnosis when evaluating upper cervical spine rotational problems. They concluded the concept of both rotary C1 C2 fixation and subluxation should be revised.

Allopathic physicians finally are becoming aware that manipulative treatment has scientifically proven efficacy. There is a vast amount of new research emerging in the neuromusculoskeletal domain. Respectively, those engaged in manipulative treatment must concede no one profession / discipline has yet monopolized the field. Only one profession will become recognized as having a leading influence providing stellar clinical research in spinal manipulation.

As the specialty of spinal manipulation continued to grow and focus on conservative management there is a need to clearly define the continuum of spinal manipulation where manipulation is effective and where it is not.

The scientific evidence to date demonstrates efficacy. Accordingly, to all scrutinized treatment methods, the substantiation of benefit cannot be done by testimony, isolated case reports or by hardly convincing statements such as "in my experience it works".

Unequivocally, if this profession wishes to remain foremost in manual care, we must learn to incorporate the broad input of multidisciplinary research and readily accept a contemporary understanding of the neuro-pathoanatomy, as well as the psychosomatic events which shape the individual patients response to pain stimuli and how this influences the functional capacity of the body.

Therefore, to drop the vertebral subluxation model will call for the sacrifice of several sacred cows simultaneously. In all likelihood, this commentary will pass into the ether of eternity without respective recognition by the majority of contemporary intelligentsia of this profession. Knowledge flourishes when exposed to plenty of light.

References

1 Manuelle Medizin 1998; 36(3):125–8.
2 Manuelle Medizin 1998; 36(3):100–5.
3 European Spine Journal 1999; 8(3):223–8.

Klaus Lutzer, DC
Kitchener, Ontario

To the Editor:

I may be over the 6 week and 40 line limit for response to an article, but so be it. With all the material one has to consume these days I wonder if this is a relevant time, but I assume some consultant suggests it is. I would like to make a few comments in response to the March 00 issue of JCCA. Dr. Carter refers a lot to the past, which is important history for new grads, and now with fanatical groups like CAC and World Chiropractic Alliance who seem convinced Chapman-Smith, Sportelli and anyone who doesn't go along with them are going to destroy the profession. His reference to Life Strategies suggest we control our future and should be having few problems at this time and only as a result of our lack of union and adherence to the old models, which I somewhat agree. I am tired of the old fanaticism and seemingly cult practices of some who keep saying we are practicing cafeteria style chiropractic and have missed the big idea. We are still awaiting University affiliation and insurance equality. In 1978 and a few years after, all I heard from the leaders of our profession was chastisement and to start at the grass roots in practice and all will work out. Very few wanted university affiliation or saw any problems or need for professionals in marketing, arbitration or whatever. Only recently have we finally been utilizing services of professionals other than Joe D.C. A lot of those leaders have changed their tune or are retired and out of the picture. Where is everyone? As a past CCA president, Dr. Carter has now decided to speak up? National unity would obviously help especially in pooling our small resources but we are still being discriminated against by the majority of MD's, government and the insurance industry who have rarely been kind to our profession and have more or less ignored all the positive outcome measures/research we have published. A small few, for whom professional life seems rosy, have made inroads in industry, sports, with their MD friends or wherever but the majority have not. The latest study in the US with the military demonstration project and the shafting we got is one of the latest examples. We are usually given a token presence such as the PGA Tour where the DC may be at 10 out of 100 tournaments, or in a closet at WSIB. We don't seem to have enough cash for sponsorship to be at the top or have needed responses from our legal rep. I am glad we have Mr. Danson now. To become essential members of the team in Canada, the Canada Health Act has to change. I have been told to forget this idea by our CCA leaders. We have to ensure adequate incomes in our profession without needing to see 250–400 visits/week, becoming magnet/supplement salespersons or rehab clinics with $50-$70 fees, working 60 hours/week or having $25-$35 fees above provincial insurance. We wonder why more people are going fewer times to the chiro! These resolves will do a lot to protect the public's interest and promote continuous quality improvement in the profession at large. I believe we should push to have the same reform choices as MD's in Ontario, have options for salaries and subsidized CE courses from provincial bodies. One of our local hospitals wrote the CCO and got a response from the CCO lawyer saying it was illegal for our hospital to allow us to send patients there for x-rays as is done at all other surrounding facilities. When are we going to fix this? How long before we have as many of the public going without chiro care for the same reason as those not getting proper

dental care. I know the value of an adjustment but I can have up to 30% or more of patients in rural Ontario with financial hardships that request adjusted fees or just do not come in for a treatment. Obviously patients at fixed or low income levels will be the ones to suffer from the barriers to access and the public that licensing bodies are trying to protect will be a smaller elite, wealthy per cent of the population. I do not think we need new levels of chiropractic examination procedures for grads to meet the public's expectations as was stated recently in another article. Dr. Pooley talked about the obvious impending manpower crisis with the present utilization rate. A lot obviously refuse to see this also. It wasn't too long ago there was a letter in my mail asking to join a PPO for companies in Canada that would be limited to x# of chiros. I think it is long overdue to have true National Boards where you could practice anywhere in Canada with basic Provincial Exams based on Legislature differences. With the shake up in NBCE, maybe CCE accreditation will actually mean something across the border also. I remember when paying candidate vs non-candidate fee to the NBCE gave you a position on their curve for your marks. (1978) How far are we from the Chartered Accountant exams where they only pass so many regardless of marks each year.

When I read an article on 'review of medical services in the Canadian Forces' I couldn't help but feel they were talking about the Chiropractic profession when openly stating the feelings and problems MD's in the CF are having. In the early 1990's, there was roughly a 50% MD attrition rate out of the CF which has grown to 75–80% now. A few comments were:

1 Members are suffering low morale, dissatisfied with status quo of the profession and feeling disenfranchised by their leadership.

2 Have paid a high price in terms of stress, burn-out and attrition which has resulted in serious concern about care for the caregiver.

3 No longer have the reserves to continue to do their job and cope with further changes. The success of initiatives depends on the capacity of (DC's) to implement the changes necessary for the long term benefit of (chiropractic).

4 The consequent workload demands on the (DC) has resulted in significant workload increases, stress and burnout that, by their own admission, has affected their professional morale and attitude and influenced their ability to deliver care at a level they wish to provide

Thank you for your time and consideration and I look forward to your comments on this matter.

AK (Allan) Overgaard, DC
Hanover, Ontario

To the Editor:

I read with fascination and appreciation the recent commentary by Dr. Ron Carter on 'Subluxation – the silent killer'. (JCCA, March '00) Dr. Carter's articulate and insightful thoughts will undoubtedly provoke responses from those unwilling to objectively acknowledge how miserably the subluxation model has failed us.

Our "misdirected allegiance to our dysfunctional history" continues to take precedence over evidence and rationality.

Dr. Carter correctly notes that chiropractic is approaching a crisis. In the States "alternative healthcare" is expanding while chiropractic's market penetration remains stagnant in the range of 10%. Third party reimbursement (insurance) continues to constrict chiropractic coverage. Many chiropractic colleges are reporting shrinking enrollments. The HEAL federal student loan programs reports that chiropractic student loan defaults continue to rise and now make up over half of all health care loan defaults.

While many factors contribute to this crisis in chiropractic, foremost is an issue of perceived credibility, or lack thereof. As the world moves steadily towards an evidence-based model of validating health care services chiropractic stands relatively empty handed. When policy makers ask for credible evidence for our claims we reflexively offer a mystical model of subluxation silliness and then wonder why we are criticized.

A current chiropractic fad sees the subluxation as having three, five, seven, or nine "components". The number depending on the whim and motives of the promoter. These "components" have impressive sounding nomenclatures such as myopathology, histopathology, etc. By substituting complexity for substance proponents of this model imply that these "components" uniquely identify,

define, and somehow validate the concept of subluxation.

In reality these "components" are just generalized physiological descriptors that apply equally to any joint injury anywhere in the body. These "components" are not unique to the spine, do not correlate with general body health, and do not confirm subluxation. But since we need something to justify our existence, and since we are loath to submit to a credible scientific model, we instead conjure up and hide behind vague "components" that fail to predict health status.

We then proceed with a infinite number of incoherent and conflicting methods to identify these spinal "boo-boos". We follow that up with an equal number of exotic "techniques" to excoriate these "spinal demons". These methods of "analysis" and treatment of the holy subluxation are more dependent on the promotional personality of the "technique" peddler than they are upon credible evidence. All too often these "analysis" and "technique" methods and gadgets are packaged and sold to students and practitioners with a messianic fervor that obscures their lack of credible verification.

Evidence continues to accumulate that joint manipulation procedures can be beneficial for many specified musculo-skeletal conditions. This in no way validates the theological dogma of subluxation. The benefits of manipulation are achievable by other practitioners outside of chiropractic without any reliance on the mystical nonsense associated with subluxation. This sobering realization should itself be enough to give subluxation addicts pause for thought.

Dr. Carter observes that "evidence for subluxation is almost non-existent in peer reviewed data." The only thing sadder than this is the absence of a collective critical thinking mass that can guide our profession out of this morass. Addiction to antiquated tradition all too often takes precedence. Had the medical profession followed a similar model they would still be relying on blood letting as their primary approach to treatment.

Dr. Carter's commentary is a breath of fresh air offering hope that a shift towards professional critical thinking in chiropractic is possible. It is time to assign subluxation theology to the dustbin of history.

Lon Morgan, DC, DABCO
Meridian, ID

To the Editor:

Re: JCCA March 2000 Volume 44 Number 1.
Re: 1. Subluxation – the silent killer,
JCCA 2000; 44(1):9–18.
2. Nitric oxide: a challenge to chiropractic,
JCCA 2000, 44(1):40–48.

I would like to extend my sincere congratulations and words of appreciation, to not only the authors of the aforementioned two articles but also, to the editor for providing the healthy medium for dialogue and thought provocation.

Clearly, Chiropractic is alive and well in Canada, as can easily be discerned by the accommodation of new concepts and the self-critical introspective analysis of antiquated anachronistic philosophy. Both articles call into question the 19th century theory of mono-causal singularity of disease and the orientation of adherence to the old philosophy of subluxationism. The chiropractic profession is coming of age by embracing non-traditional concepts as our profession undergoes a social metamorphosis casting aside the philosophical impediments that have retarded progress of the profession. These concepts, that are being advanced by both Dr. Carter and Dr. Morgan are reflecting a shift of the majority of attitudes within our profession.

In a recent survey conducted by the JACA (April 2000 Volume 37 Number 4) Philosophy ranked the second lowest in readers' "strong interest." Topics on the spine and chiropractic research rated in the two highest areas of "strong interest." Field practitioners and readers of the JACA had indicated that they had a ten fold "strong interest" in topics on the spine and chiropractic research as compared to philosophy.

I am quite sure both articles will have generated some negative letters to the Editor with immature and irresponsible attacks on the authors which is inconsistent with the maturity and social advancement of Chiropractic in society today. The oppressive, suppressive, repressive, verbiage of fundamentalists will no longer quieten the silent majority. In reality these critics disclose their incapacity to adapt to change to the scientific, socially responsible, majority paradigm.

In addition to complimenting the authors of both of these articles, I feel it is incumbent upon the silent majority to congratulate the Editor, and the CCA, at being proactive in moving not only our Journal but also our profes-

sion into the 21st century. Appreciation of the leadership shown by the leaders of our profession and our Journal Editors reinforces their capacity to lead and direct our profession in a socially responsible manner with allegiance to the health and welfare of our patients. I am sure Aesculapius would be proud. I thank you for your time and consideration.

W Reg Nicholson, MSc, DC
Midland, Ontario

To the Editor in Reply:

Dr. Reg Nicholson

Thank you for you observation of "The Silent Killer" article. Our future depends on this silent majority who will carry our profession to new levels of service within the health care community. May this strong interest in topics of the spine and chiropractic research which you referred to be reflected in support of the new Canadian Chiropractic Research Foundation. Interestingly, my e-mail response was twenty to one in favor of the concepts of the article. This response compares to other statistics that indicate 10–15% of our profession is philosophy based.

Dr. Ryan Lees

Thank you for your response to my article entitled "The Silent Killer". I do have a great deal of concern for the future of this profession which is shared with many others. Rather than respond to what you don't like about me or to offer a defense for what you consider to be unjustifiable insinuations, let me attempt to use your comments as a work of critical thinking and a welcome challenge of a concept that may differ from yours. We must all learn to communicate effectively for the benefit of chiropractic. The following is a paraphrase of a paper I recently received and now use it to provide some clarity for our discussion. The italics are my comments.

Ludwik Fleck presented a work called "Tenacity of Systems of Opinion and the Harmony of Illusion" in which a major component of this work deals with the denial phenomena. Fleck states that the denial phenomena avoids challenges to prevailing beliefs with an active reaction whereby:

1 A contradiction to the prevailing belief system is deemed unthinkable.
2 What does not fit into the belief system is ignored.
3 If it is noticed, it is kept secret or,
4 Great effort is made to explain away the contradiction.
5 Despite valid contradictory views, believers see and describe only that which supports previously held views.(I believe that a small portion of our profession suffers from the denial phenomena, remain isolated, and do not avail themselves of the current literature.)

Flecks illusion tenacity typifies two main characteristics common in opposition to concepts being (a) reliance on illogical fallacies, and, (b) pop science. For example some illogical fallacies are:

1 Argumentum ad hominem: If you don't like the message; then attack the messenger.
2 Argumentum ad ignorunium: Claim that an argument is true because it hasn't been disproven
3 Argumentum ad antiquatum: Claiming something is true because it has been around for a long time.
4 Argumentum ad numeram; If more people believe an idea, it must be correct.
5 Argumentum ad verecundiam: Authorities are appealed to on matters outside their field. (*Subluxation based chiropractors tend to often use these fallacies in their strategies*

Pop science is typified by popular presentation which omits details and conflicting evidence and which provides artificial simplification. Carl Sagan describes pop science as "providing easy answers, dodging skeptical scrutiny, causally pressing our awe-buttons and cheapening the experience, making us routine and comfortable practitioners as well as victims of credulity." (*Sounds very much like some of our programs which some members consider educational sessions.)*

There is one additional fallacy that may fit some of our profession well. Argumentum ad "profitum": When an argument lacks foundation in principle, the true principle ($) motive is revealed when the profiteer is determined.

Chiropractors have historically struggled among them-

selves, as well as tussled before the public, with their identity crisis. Today they find themselves orphans in that stretch between mainstream and alternative health care. Professionally, most chiropractors would like to be viewed as a collaborative alliance with traditional mainstream providers. There is a concern, a feeling of urgency, that the window of opportunity is open to chiropractic for only a short period of time. Chiropractic leadership is required to provide direction and is striving to do its best while splinter groups within the profession are approaching stake holders with their own self interest programs. I would encourage those who are sincerely interested in our professions health and security to present papers at our science forums such as was sponsored by the University of Calgary last year or the FCER program in Vancouver the year before. Lets find ways to promote the profession.

I am open to frank discussion with individuals who share a vision for chiropractors as responsible, credible individuals whose concern is patient focused. These individuals will be focused on a defensible, realist and, when possible, evidenced based form of chiropractic. I hope our discussion will continue in a different format.

Dr. Lon Morgan

I appreciate your comments. The reference you made to chiropractic penetration remaining stagnant while "alternative health care" is expanding is most interesting. Canadian chiropractic is experiencing a similar trend. Our chiropractic family has enjoyed hearing Dr . Gerald Clum, Life College West, speak about critical mass and how, when we reach that point of 15% utilization by the public of chiropractic services, there is a rapid shift in public attitude with an immediate acceptance for what we do. If this were to happen, all our problems would be resolved and there would likely not be enough chiropractors to handle the demands. There is a flip side to this. Each year there is an increasing number of other professionals who deliver spinal manipulations (physical therapists, physical medicine specials, massage therapists etc.). They are approaching a critical mass of providing nearly 15% of the SMT given. If critical mass exists, we may not be the group to benefit from this dynamic principle. I believe that the providers of spinal manipulation in the future will be the group who does it best by providing valid evidence of their service. The group that has only the philosophy of subluxation will not be a consideration.

Dr. Lee Bagola

It is unfortunate, or possibly fortunate, that I brought great sadness to you. May these comments provide you with a greater understanding. I would assure you that my vision for this profession parallels those of the CCA. The intent of the paper was outlined in the introduction. It suggested that "You did what you knew how to do, and when you knew better, you did better". Today, there is a better way and I would encourage you to find it. May I offer a suggestion? If this paper were to be written today it would be much better because of reading three recently published texts: *Chiropractic – A Philosophy for Alternative Health Care*, by Ian Coulter, *The Chiropractic Profession*, by David Chapman-Smith and *Clinical Biomechanics of Spinal Manipulation*, by Walter Herzog. Getting in touch with your science is vital. I read your authors as well and had the opportunity to attend the Alternative and Complementary Symposia at Harvard this spring. Dr. Andrew Weil spoke on two occasions on the alternative education and research programs he was involved with. He is a supporter of SMT and uses this treatment protocol in their clinic. Manipulations are most often performed by an osteopath. When asked why he did not use chiropractors for the manipulation he stated he has in the past and does somewhat today but he personally finds chiropractic too narrow in scope. I believe that the subluaxtion model of one cause and one cure does not fit well into a team or scientific approach to health.

Your comment on my numbers being misleading is a consideration. At best they are out-dated. The most recent figures published by the National Post, April 22, 2000 would indicate a more realistic income for professionals today. They reported chiropractors at ($ 68,808), specialist physicians ($123,926) and family physicians ($107,620) with dentists ($102,423) and lawyers ($81,617). These numbers indicate we are not the leaders of professional incomes. I also believe we deserve and would desire a larger income based on educational requirements and business responsibilities. The purchasing power of the dollar has diminished. Our financial state is weakened because the public does not understand what we do and is

often confused with our mixed messages. In terms of your hope for philosophy saving the day let me share with you the first two paragraph of Dr. Coulter's recent text. He has studied chiropractic for most of his career as well as serving in the past as a chiropractic college president.

Chapter 1. Chiropractic philosophy has no future.

Although chiropractic philosophy is widely talked about within the profession, and taught within chiropractic institutions and continuing education programs, it is in fact a misnomer.[1] What is referred to as chiropractic philosophy is frequently not philosophy at all or, where it is, it can clearly be shown not to be uniquely, or even originally chiropractic.[2]

To understand this point it is necessary to have some notion of what constitutes philosophy - philosophy as an activity and not some body or doctrine.[3] What chiropractors call chiropractic philosophy most closely resembles doctrine or dogma. Simply put, the purpose of philosophical activity is clarification of thought. It is reflective activity that leads to clarification of thought.

As such it has no subject matter of its own; it consists, instead of critical reflections on other subjects, that is, of philosophizing about other subjects.[4]

May we both continue our search for truth.

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Dr. Klaus Lutzer

Your comments regarding my commentary are appreciated but most certainly overstated. You make a valid point in looking at the focus in Europe on Manual Medicine. Last summer I had the opportunity of visiting briefly with Dr. Vladimir Janda a true teacher and contributor to the science. Thank you for your glimpse in a different direction. Too often we copy the American model which may not best serve our needs. The Cochrane Collaboration may well be the vehicle to becoming better informed.

Dr. Darrin Milne

Thank you for your response to my commentary. At times, we all suffer from apathy. We can also become over involved in so many areas of life that we fail to realize the thing which has provided the good life for us is being threatened. My vision for chiropractic is so much larger than the subuxation model offers. I am grateful that I am now more aware of the activities of the "principled based chiropractors" and feel there is an opportunity to work for the common goal of providing good benefits for the patients we treat. This task will not be easy but it is extremely necessary for the profession, as we know it, to survive. It will be individuals like you that will make the difference.

Dr. Allan Horowitz

What an enthusiastic response. The challenge for all of us is to become better at what we do. There is an abundance of very positive evidence that we are finally arriving as a profession. May I encourage you, and others like you, to continue to read, evaluate the concerns, do research, think critically and do some writing about what is good and what is lacking in our profession.

Dr. Leslie Shaw

Thank you for responding to the article, "Subluxation the Silent Killer". This article was originally written in response to the Clinical Competency Program in Alberta and was submitted to that committee last June. Following this submission, I had numerous requests by colleagues to publish this material and consequently it was edited and published in the March 2000 JCCA. The personal letters and e-mail I have received to date are overwhelmingly positive (20/1). There are a few to whom this article caused an "ouch" reaction and I believe their concerns should be addressed in a non-adversarial manner.

The relevance of the term subluxation or the model it represents should be viewed as one of the concerns of the

profession and not as a battle to be won or lost. Hopefully our future will be determined not by the extremes of our continuum as you suggest, but rather by the rational commitment of the majority of our members who share a concern for the betterment of the patient. To answer your question: "When can we let this issue go?" NOW is the time to put this "subluxation issue" aside and allow the profession to be an integrated part of the health care system. (Mission Statement #2 of the CCA, June 2000). I would suggest putting this term/model into our history along with what we once felt were essentials like: routine full spine x-rays, the syncrotherm, ultra-violet lights and the electroencephalneuromentimpograph.

Dr. Shaw, you appeared quite confused about the terms "majority" and "minority" and how these apply to the annual meetings of chiropractic organizations. The only colleges or associations that have a majority (over 50%) of their members at their annual meetings are the Maritimes and possibly Saskatchewan and Manitoba. The larger colleges, Alberta in this case, use a quorum system which requires a minority of the membership (generally 15%) present to conduct business or elections. Few decide our destiny - it has ever been so. To suggest that the guidelines voted on in Alberta has set a new standard for the profession is truly absurd. It was late in the afternoon when the remaining chiropractors voted to accept the subluxation standards in addition to the CCA standards. I don't believe those voting understood the guidelines issue because the facts were not available to them. Alberta now has two sets of standards which, in some areas, are contradictory to one another. Earlier in the day our marketing professionals reported that in their recent tests the public did not buy into the "subluxation message" and that our future marketing program would not follow this model. Examine the evidence, consider the weaknesses and you will agree this was not a step forward. The following data should be considered by anyone considering taking the subluxation guidelines seriously.

This quote is from the April 30, 2000 Final Report of the Department of Clinical Epidemiology and Biostatistics, McMaster University:

"The purpose of this project was to evaluate the clinical practice guideline documents developed by the Canadian Chiropractic Association (CCA) and the Council on Chiropractic Practice (CCP). The relative strengths and weakness between the guideline documents and within each document were considered as well as adherence to evidence-based principles. A clinical perspective was not included in this evaluation."

This document is an extensive review and, at times, something can be lost by only knowing the final score. The highest possible score that could be attained in each of the eight dimensions was 4 points, therefore, the perfect total score would be 32. The Canadian Document (CCA) scored 18.02 or 56.3% and the Subluxation Guidelines scored a total of 12.16 or 32%. The CCA and those familiar with this document accept that it is out of date and requires revision. This revision is now being undertaken by the CCA. Dr. Don Henderson is the chair of the new guidelines. I believe the score on this revised document will be considerably higher than either of the two previous documents tested.

This new set of Canadian Guidelines should be the accepted Guidelines for Practice of Chiropractic in Canada. The standard of practice of chiropractic in Canada should be established by Canadians and not by Americans who may be self-serving or have a special interest in the regulations. Our governments maintain Canadian standards for the safety of our cars, for manufactured products as well as in consumer health standards be it in education or the prescriptions and aides we use. Stakeholders in Canadian health care will not accept an American standard as ours. Even Americans reject this document. The Division of Consumer Affairs - State Board of Chiropractic Examiners for the State of New Jersey, after extensive enquiry, reported that the Council on Chiropractic Practice (CCP) has no general recognition among the chiropractic and scientific community, is not a standard setting organization according to the Insurance Fraud Act and is not a standard setting organization or regional or national standing.

In rebuttal to your comments on the CCA model, there are position papers within chiropractic that are prepared to serve as consensus building papers within the profession. It is rather like those things we talk about only in the family. In speaking with Dr. Peterson, the paper you refer to in your letter would be one such internal document. He feels, as many others do, that the subluxation model is not what should be brought into our marketing programs. Science doesn't buy into this model either. We agree

though that it is part of every chiropractors education and historical roots and it must be preserved in a proper place. Today it provides no benefit when we are attempting to position chiropractic in a health care role. The recent CCA paper presented by Drs. Bridge and Balon to the Canadian Medical Association is the paper we should all be reading from.

I applaud the CCA for their new mission statement of June 2000. The Mission of the Canadian Chiropractic Association is to help Canadians live healthier lives by: 1) informing the public about the benefits of chiropractic care, 2) promoting the integration of chiropractic into the health care system, and, 3) facilitating chiropractic research. This mission statement allows an opportunity for all of us to contribute to the health of Canadians. It does not require us to belong to either a "majority" or a "minority" group.

We should work together and not construe a difference of opinion as a diatribe but rather as an opportunity for scholarly debate that we should encourage. There is a challenge presented by Dr. Walter Herzog in his text *Clinical Biomechanics of Spinal Manipulation*:

There is a preoccupation with outcome and efficiency studies in chiropractic research. Although it is interesting to know that patients receiving chiropractic manipulations fare better than those receiving physiotherapy, or that chiropractic treatments are more cost-efficient than back surgery, these facts describe (from a scientific point of view) irrelevant findings. For chiropractic research, a single study that could describe precisely the mechanics, physiology, and the neuromuscular responses of a treatment, and that had quantified the healing effect of these responses of a treatment, would be more use to chiropractic as a profession than any clinical outcome study.

Lets do the study and put our differences aside. I strive to be one of the rationally committed ones and not representative of either extreme.

Dr. Michael Staffen

Don't kill the messenger. Please look again at the evidence presented. There were fifty references that appear in our literature. My opinion was only part of this paper. How you or I may wish or choose to practice may not be realistic or even possible. Our practice is controlled legislatively by professional organizations that regulate – in this case the chiropractic profession. These groups review the performance of their members, set educational and competency requirements, set requirements for ongoing practice and conduct of their members. They discipline members who don't meet professional standards. This is only one group that determines what we do.

The public, I believe, are expecting you, the doctor of chiropractic, to know why they are experiencing pain, why they are sick and what will it take to get them back into the game again. They want to know that you have a diagnosis for the condition and posses the potential knowledge and ability to relieve the symptoms of pain, correct their disease or dysfunction and assist them in returning to a healthy state. This expectation, I believe, is common to all health care providers.

This is where myself and many, many others have concerns with the VSC model. It is stated in the VSC Guidelines: "The correction of the vertebral subluxation is not considered a specific cure or treatment for any specific medical disease or symptom". That eliminates what constitutes over ninety percent of what we treat: low back pain, cervical spinal syndromes and headaches. Diagnosis is a historical issue that our profession has refused to deal with. Today's issue is centered on accepting or rejecting our professional responsibility to diagnose. Could it be that some of the chiropractors you know who are "principle based" do, at times, put their beliefs aside and do provide a diagnosis? Why would they sacrifice their beliefs and principles? Possibly it is to be paid.

You and others appear to allude to a utopia that if you are adjusted, whether you are symptomatic or not, this adjustment will fend off ill health, will prevent disease and promote health and, at times, will give you a greater life expectancy of possibly well past your 100th birth date. Please share with me and others the evidence based support of these claims which is not dogma.

In chiropractic we have many reliable resources for chiropractors to be dependant upon which provide good support for the science of chiropractic as we know it today. There is a standard for these scientific publications through a system of indexing. For example, JMPT is indexed with *Index Medicus* which recognizes scholarly and scientific journals. There are other criteria organizations besides indexing that support improved and enhanced standards of professional competency of practi-

tioners and chiropractic procedures which are of significant benefit to the chiropractic profession. The Chiropractic Research Journal Editors Council is one such group. It's mandate is to set standards for scholarly publications in chiropractic scientific literature. The CRJEC is charged with the duty of ensuring the documentation and recording of research meets the standards imposed by the rigors of scientific scrutiny. No other group in chiropractic has similar duties. Those Journals with status are: Chiropractic History, Chiropractic Journal of Australia, Chiropractic Research Journal, Chiropractic Technique, European Journal of Chiropractic, Journal of Chiropractic Education, Journal of Chiropractic Humanities, Journal of Manipulative and Physiological Therapeutics, Journal of Sports Chiropractic and Rehabilitation, Journal of the Canadian Chiropractic Association, Journal of Neuromusculoskeletal System, Topics in Clinical Chiropractic, and Topics in Diagnostic Radiology and Advanced Imaging. These Journals provide their readers with information that has met the standard. The JVSR you have noted does not appear on either the indexed list or the CRJEC. I am not familiar with this journal and I would assume there may be a number of other special interest publications that should be encouraged to set standards and would benefit from the standards and integration with the scholarly literature.

For us to grow as a profession, we need to achieve an ability to communicate with one another. We need to stop confusing ourselves and the public as to who we are, what we treat and for how long we treat it. A good start I suggest would be for all of us to start reading from the same page. The above Journal list could be the foundation upon which to base evidence of our science today which is ever evolving.

Dr. Allan Overgaard

Thank you for having the interest and incentive to share your thoughts by communicating through a letter to the editor. One of my major points is that we are only wardens of this profession. It is an awesome task which requires responsible professional actions. We share a value of history. Those who known their history are less apt to make the same mistakes. I agree with you that there is an abundance of material to consume and one questions what is good. I believe that in the near future, The Cochrane Collaboration, (a computerize science data resource which includes chiropractic) will provide part of the answer for our information overload. The demands of our profession have changed over the years and so has the direction of our leadership. I intend to continue to speak about concerns of the profession and presently have no plans or desire to retire. Hopefully you and others who share my ideas or possibly object to them will contact me by e-mail at: drcarter@cadvision.com

Ron Carter DC
Calgary, Alberta

Philosophy: the art of skepticism (commentary). JCCA 2000; 44(2):79–84.

To the Editor:

I read with interest Joseph Keating's article, "Philosophy: the art of skepticism" in the June, 2000 issue of the CCA journal. It certainly did provoke neuronal action above my "foramen magnum" as he put it.

First of all, I must take issue with his assertion that "From an historical point of view, skepticism has been the single most deficient element in our principles." The very development of chiropractic relied on pioneers that held skepticism as primary in the development of their health care philosophies. These pioneers rejected the norm, rejected the status quo and rejected the mainstream healthcare trends of the 20th century because of their skepticism. If anything I am grateful that chiropractic has had as much skepticism as it has and this should be applauded.

I agree with Keatings' argument that we need to be skeptical and I am fully in support of research that can answer the skeptics. However, his argument makes the erroneous leap to a conclusion that science is the ultimate determinant to silence the skeptics. I am puzzled by his reverence for science. I am not sure why he does not hold the same skepticism for science. I am sure that he is fully aware of how scientific research can be manipulated to prove almost anything and in the area of health care we are all aware of pharmaceutical firms using their own scien-

tists to support their latest development. The explosion of iatrogenic disease illustrates how biased and limiting science can be.

When I hear of so-called "scientific research" that claims chiropractic cannot treat asthma my "crap detector" goes off. I blame science not chiropractic. I realize and accept that perhaps chiropractic can't prove why or when it works. How can one do a sham double-blind adjustment? I even wonder at times if chiropractic is above science and in that way it is a true alternative to medical care. Scientific approaches in healing are mechanical, unidimensional and linear. In fact, science may even interfere with true healing. If we are only going to allow therapies (i.e. adjustments) that can be validated scientifically we are severely limiting our scope and influence.

Why can't we just be the quiet, simple, common sense guys and gals in the healing arts? I'm not afraid to tell my patients that chiropractic seems to work ... I don't know why ... give it a try ... either you will find removal of interference and your life will function more harmoniously or you won't. You may prefer your life and the way it unfolds while being adjusted or you won't. If you don't, then stop getting adjusted. The bulk of my patients choose to be adjusted. One doesn't need scripts, payment deals, marketing, videos or research references. Chiropractic was built on results ... and that wasn't so long ago. Why do we think that things have changed so much that now chiropractic will die if we don't get science on our side? I'm not against science. I just don't want to exclude chiropractic results that science can't explain.

When I started in practice I wanted to be "scientifically correct" with my practice procedures. However, experience in the front lines of the adjusting rooms change ones' opinion. It's difficult to accept criticism of ones' scope of practice when one witnesses unexplainable results repeatedly. I object to anyone that expresses their opinions on this matter without this level of experience. I realize that Keating has never experienced the sound of clean inhalations of an "asthmatic" child after an adjustment. I realize that he has never seen the child with an "ear infection" immediately stop crying after an adjustment. I also realize that he has never met the eyes of a desperate patient asking the chiropractor to just try and do something and then both the patient and chiropractor receiving results beyond expectation or scientific understanding.

Keating finished his talk with a request to be kind and gentle with research. I beg of him to do the same. Chiropractic research is difficult if not impossible. Remember, we are trying to figure out how the nervous system works when we only have the nervous system to figure it out with. I for one will not wait until science catches up with chiropractic.

Ken W Dick, BSc, DC
Ottawa, Ontario

To the Editor in reply:

I thank Dr. Dick for his interest in my remarks during Research Day at Canadian Memorial Chiropractic College. I suspect that several of his comments represent fairly widespread views in the profession, attitudes that impede scholarly and scientific development in chiropractic.

Chiropractors have always been ready to point out the shortcomings (real and imagined) in the theories and practice of medicine, but have been less inclined to focus their skepticism on several common beliefs in chiropractic, most notably the hypothetical construct of subluxation-complex and the value of adjusting. The pioneers in chiropractic (D.D. and B.J. are good examples) were unrelenting proselytizers of their own theories, and derogated anyone who dared to challenge their beliefs.[1] Their writings clearly portray certitude of mind, even missionary zeal, in spreading what B.J. referred to as the "gospel" of chiropractic.[2] They were proponents and users of several epistemologies.[3,4] including uncritical empiricism and uncritical rationalism (so-called "deductive science."[5] They occasionally even dabbled in spiritual inspiration (e.g., from Dr. Jim Atkinson for D.D.; and from the inner promptings of Innate for B.J.) [One of the rare, documented occasions when D.D. Palmer exhibited any doubt about the usefulness of his chiropractic methods involved an informal study of their value in preventing or alleviating seasickness.][6]

Following in the footsteps of those pioneers, many of our schools have been in the business of inculcating strong belief, rather than skepticism, among their students. The history of "research" in early chiropractic is likewise sorely lacking in critical standards and skeptical attitudes.[7] If Dr. Dick wishes to claim that the pioneers in this profession exercised skepticism toward chiropractic, he will have to refute or ignore the voluminous writings of the

pioneers themselves.

After applauding chiropioneers for their skepticism, Dr. Dick seems to suggest that skepticism is undesirable, something to be "silenced." He offers science and skepticism as something "biased" and "limiting," as something to "blame." Perhaps he thinks of science and skepticism as foreign or outside the profession, some amorphous other to which the profession must answer or measure up? Rather, I suggest, when chiropractors critically challenge and test their own theories and methods, then chiropractors ARE the scientists in their own field. Contrary to Dr. Dick's misunderstanding, I do not propose to use science to silence the skeptics. Quite the contrary, I propose that skepticism is an essential (and all too often lacking) ingredient in the quest for a practical, substantive science of chiropractic, and should be cultivated and encouraged in the profession. We need more skepticism, not less.

Dr. Dick offers a few comments which suggest that he may wish to review the clinical research literature a bit more closely. To the best of my knowledge, the first ever controlled clinical trial of chiropractic adjusting was a single-blind, sham/placebo-controlled experiment.[8] And at least one triple-blinded (doctor, subjects and assessor), clinical analogue, adjustive experiment has been reported.[9] Additionally, Dr. Dick presumes to be familiar with my clinical experiences (or lack thereof) in chiropractic, and suggests that I would prohibit manipulation in the treatment of asthma patients, etc.

How the good doctor could know what I may or may not have witnessed during 17 years in chiropractic ... eludes me. Moreover, I have never contended that only scientifically validated methods of healing should be practiced/permitted. What I have suggested, and it bears repeating, is that we should be skeptical about the clinical value of the methods we use with patients. This is part of the obligation common to all health professionals. So, "I hope that the next time someone asserts that spinal manipulation relieves asthma, you'll say with all sincerity: 'Interesting. Where are the data published?'" Let us be gentle with the researchers, but critical with the research (and with claims for beneficial effects).

"Why," asks Dr. Dick, "can't we just be the quiet, simple, common sense guys and gals in the healing arts?" Great question! Part of the answer lies in our history, in the tradition of extravagant, outrageous advertising, of bold, unsubstantiated claims for the clinical value of chiropractic methods, and in our unwillingness (in the face of continuing challenge and persecution from organized medicine) to lower our guard long enough to find out what works and what doesn't in the art of chiropractic. But that's what testing clinical methods is all about: quietly and systematically asking the hard questions, posing and empirically challenging null hypotheses, especially those relating to adjusting and subluxation-complex. Unfortunately, the *elementary* questions in the clinical art and science of chiropractic (what works and doesn't, for whom, with which health problems?) have become emotionally charged and highly politicized.

Doesn't it make sense that simple, common sense guys and gals (DCs) should be the leaders in the science of chiropractic? Or is it preferable to "wait until science catches up with chiropractic?" Skepticism: we owe it to patients.

Joseph C Keating, Jr, PhD
LaHabra, California

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