

# THE PIVOT REVIEW

Joseph B. Strauss, D.C., F.C.S.C., Editor Volume 18 ♦ Number 4 ♦ April 2003

piv'ot (piv'ut) n. 1. a point, fixed pin, or short axis on the end of which something turns. 3. That upon or around which something turns or depends; the central, cardinal, or crucial factor, member, part, person, etc.

*The Pivot Review* is a free publication for those chiropractors who desire to be a "central person" in the preservation of the chiropractic principle. No subscriptions are accepted. It is published by the Foundation for the Advancement of Chiropractic Education. If you would like to help defray the cost of this publication, you may send a tax deductible gift to F.A.C.E. at the address below. Please designate it *The Pivot Review*. If this is your first issue of *The Pivot Review* or you do not receive it regularly and would like to, please write us at the address below or contact us through the internet.

## Houston We've Got a Problem

I have no idea what the strategic plan was on the part of those who would medicalize chiropractic to motivate them to take on the largest chiropractic college in the world. It would seem a smaller school with less political and financial clout would have been a better choice. If we are to assume that this was a political move, and we must, then they must have had good reason. (By political we mean that the desire on the part of the accrediting agency is not to evaluate the quality of a program but to conform that program to their preconceived and philosophical idea of what that program should be.)

So we must ask ourselves, why wait to this point to lower the boom on a chiropractic college and why pick out the biggest one? What is their strategy? Perhaps I give them more credit than they deserve but I find it is always safer to think your enemy is smarter than they are than to think them dumber than they are.

While we do not know the details of their decision to not accredit Life University, from the reaction of the people involved, I believe we can conclude that in one way or another, it centers around the issue of diagnosis. That is the fundamental issue. The medicalization of chiropractic necessitates incorporating diagnosis into the practice. The survival of chiropractic as a non-therapeutic practice necessitates keeping diagnosis in every form out of the practice of chiropractic. Therein is the problem. For the last twenty years, a segment of our profession has maintained that we treat certain medical conditions and hence we need to be as competent in determining the presence of those medical conditions in order to know who we can treat and who we cannot. They are the people who run the Council on Chiropractic Education. There is another segment of the profession, those who I refer to as traditional straights in *Refined by Fire*. They are the

### *In this issue...*

- Closet Mechanists
- Déjà vu All Over Again
- In Practice You Must Be Practical
- ADIO Viewpoint Part II

chiropractors who have been “getting sick people well” or “correcting the cause of all disease.” When their schools became accredited by the CCE, they acquiesced to their standards which included increasing courses in diagnosis and doing diagnostic workups in the clinical setting. They knew very well that these procedures were not done in practice but they thought that the schools could play the CCE game and then the chiropractor could practice as he desired after graduation. They realized that NO chiropractor is adequate in medical diagnosis. So they played the game and got sucked into the CCE model.

Now suddenly they are saying they don’t want to be medical physicians. Yet the moment they gave in on the idea of diagnosing medical conditions, either for referral or contraindications, they were hooked. The Association of Chiropractic College’s standards include diagnosis. They were so happy that the therapeutic schools acquiesced to the inclusion of concepts like “innate intelligence” and “vertebral subluxation” they gladly signed on the dotted line ignoring the issue of diagnosis. To the CCE and the therapeutic model schools, the inclusion of the terms innate intelligence and

vertebral subluxation means nothing. Allowing it in there was a meaningless gesture. The issue of diagnosis sets the tone for the direction of the chiropractic profession and all the schools signed onto that ship. Now they want to get off.

You know, we often need to look at things from the other side’s perspective. All they can see is if we are addressing medical conditions in any manner to treat, refer, correct

**The issue of diagnosis sets the tone for the direction of the chiropractic profession and all the schools signed onto that ship.**

their cause or rule them out, put them in an insurance form, or provide a medical alternative, then we need to be competent in medical diagnosis. Whether we correct vertebral subluxations or love innate intelligence makes no difference. Whether we want to call it chiropractic diagnosis, referential diagnosis or anything else is not the issue. We need to be as competent as the medics and yet the profession is not that competent and some of the profession (the traditional straights) do not want to be. The CCE cannot understand that, and frankly, neither can I.

Here’s the problem. This may very well get to the courts. If the traditional schools, chiropractors, and

the national organizations take the same position that they have for years, i.e., providing an alternative to medicine to treat the cause of disease, I believe the courts will side with the CCE position. Of course, there is a defensible position. It is the one that the objective straight, non-therapeutic chiropractors have taken for the last 20 years. But the schools have rejected that position or abandoned it, if they ever held to it at all, and unless the leaders of the college are willing to totally embrace it, I see some real problems in the future. To do that will not

be easy. Frankly, their leadership, their spokespersons, their “chiropractic specialties,” their publications, their legislative efforts, their literature, their seminars and just about everything else they say and do bespeaks the indefensible position that has precipitated the CCE’s attack and given those who would medicalize chiropractic the confidence that they can win this battle. They can say they are non-therapeutic, that they do not address disease in a way that necessitates medical diagnostic skills, but everything about them says otherwise. Δ

## Closet Mechanists

There seems to be a concerted effort among some in our profession to bring our chiropractic philosophy into line with the “new science,” holistic healing and quantum mechanics. In doing so, many are inadvertently or purposefully abandoning our metaphysical underpinnings.

Some of our problem begins with our post-Newtonian world

view. Poor Isaac Newton gets blamed for the mechanistic viewpoint that has been embraced by much of science and all of therapeutic medicine. Only recently have forward thinking scientists rejected this mechanistic model, or have they? In Newton’s defense, he was not a mechanist. In fact, he came from a strong Christian faith. His

belief was that while God was manifested through the physical matter of the universe, He transcended that matter. It was His creation and He was apart from it. Newton’s desire was to look at the creation in order to see the Creator, not just to look at the creation and no further. This view is consistent with historical chiropractic philosophy despite the fact that

some modern chiropractic philosophers would rather it be otherwise. We look at the matter and see the principle of organization. We are not a corpse, we are the expression of intelligence through matter. Our model of the Triune of Life (Principle No. 4) delineates the intelligence, the force and the matter. They are separate but united. They are distinct entities, not interchangeable. Quantum Physics may demonstrate that matter can become energy but it can never become force, nor can it become intelligence or replace intelligence. There is still the metaphysical beyond Einstein's model.

From the personal/transcendent God of Newton, there developed the idea of a God who was not involved in His creation. He wound the watch and left it to run itself. Some of our nation's founding fathers accepted this idea called deism. From there, the Darwin idea developed that God

does not even exist and that natural laws, which developed over time and by chance, are what runs the universe. That is the mechanistic viewpoint, what is commonly called scientific naturalism. However, the idea that the complexities of the universe and the human body developed by chance is harder to believe than the idea of intelligent design and an intelligent Designer. As a result, the pendulum is beginning to move back again. We in chiropractic are part of the vanguard in that movement, but we need to make sure we are truly going in the right direction. We need to make sure that we are not substituting mechanistic terms like "energy" for "force." Force, as we understand it in chiropractic, has a metaphysical component to it. Energy is purely physical. "Mind" is a chiropractic term to describe the activity of the innate intelligence. It is not the innate intelligence or the in-

nate brain. It is great to see science coming in our direction but realize that they are never going to be where we are unless and until they totally revolutionize their thinking to include metaphysical concepts. Frankly, that is a leap that I do not believe that science can make. It necessitates an attitude of humility, which is not prevalent among a group, that on the whole, wants to play God. We must be careful that those who are embracing pseudo-metaphysics, emphasizing terms that we like, do not envelope us with their ideas which are really only mechanism with a thin veneer of vitalistic ideas covering it.  $\Delta$

## Déjà vu All Over Again

---

---

The recent difficulties that Life University is having with the CCE brought back some painful memories underscoring the truth in the saying that what we learn from history is that we learn nothing from history. Since many readers perhaps have little knowledge of history as it relates to the accreditation process, a little history lesson may be helpful.

When the ACA's accrediting agency (CCE) received recognition by the federal government, it rendered the ICA's accrediting agency impotent. All the ICA schools (the "straights," including Sherman College) quickly applied to the CCE for accreditation. It was quickly made clear to those at Sherman that the CCE would not accept their non-diagnostic, non-therapeutic approach to the practice of chiropractic. Sherman

withdrew from this process and decided to pursue establishing another accrediting agency. The other schools danced around the issue of diagnosis and basically acceded to the CCE. At that time ADIO Institute of Straight Chiropractic (later called Pennsylvania College of Straight Chiropractic) began and the two schools applied to a new accrediting agency called the Straight Chiropractic Academia Standards Association (SCASA). Later Southern California College of Chiropractic joined ADIO and Sherman as the third SCASA school. Many of the other schools, including Palmer, Life and Cleveland, had the opportunity to be accredited by SCASA but they chose to remain in the CCE fold, even when SCASA got recognition equal to CCE from the federal government. That

recognition lasted only a relatively short time. The CCE put pressure on the Department of Education saying the chiropractic profession did not need two accrediting agencies, that they (the CCE) could accredit the schools named above. Here is the sad part, Life College actually testified on behalf of the CCE saying they were a straight school and they had no problem being accredited by the CCE so there was no need for two accrediting agencies. That was the nail in the coffin of SCASA. This was during the Reagan administration when there was a move to make government smaller and one less accrediting agency, while not a government agency, would reduce the workload of the Department of Education. SCASA lost its recognition, became defunct, and the schools had to scurry to try to

meet CCE standards. The California school and Pennsylvania College could not incorporate the diagnostic procedures into their clinical curriculum quickly enough and were forced to close their doors. Sherman being larger and more affluent was able to make the changes even though those changes were not consistent with their professional mission and actually contradict that mission.

So here we are a few years later. The CCE is now saying that the education at Life College is inadequate to prepare the student to be a competent chiropractor. The school has been irreparably damaged financially, in enrollments and in reputation. Its Founder and President has been asked to resign. A year or so ago Life was the largest chiropractic college in this country and now its future is in doubt. We have

coalitions forming to fight for the schools, we have lawsuits against the CCE and the talk of starting a new accrediting agency. Some of the people involved in these actions are the very ones who undermined the lawsuits and straight accrediting agency. Their defense at the time was that they could control the CCE. Now they know, even with a majority vote, the CCE is not a democratic organization. It is committed to therapeutic chiropractic and forcing all the schools to conform to its model. Now they want our help to fight the CCE when they were on the CCE's side fighting us in the 80's. They want us to help save their school when they helped destroy ours. They want to develop a new accrediting agency when we already had one and would still have it if it were not for them.

I must admit my first reaction is to tell them "I told you so" and to go pound sand. After all, they did not help us and, in fact, contributed to the demise of a school I put so much of my life into. I have some questions as to the abilities of some of the leaders of this effort. I have some real concerns as to the strength of their position (see other article). I wonder whether enough of our profession even cares about the future of chiropractic, especially when I see some of these same leaders watering down the chiropractic principle? But, on the other hand, what's the alternative, allowing the CCE to destroy chiropractic as we know it? That's the overriding issue. That is why we need to support the efforts that are appropriate in preventing the destruction of our beloved profession.  $\Delta$

## In Practice You Must Be Practical

---

---

One of the criticisms of chiropractic educators is that they often lack the practical experience to make the student's education as complete as it should be. For two reasons, that argument usually does not extend to those who function in the philosophy departments. The first is that the philosophy department does not exist in most chiropractic colleges, or if it does, it is a meaningless, non-functional area and those teaching in it are not teaching true chiropractic philosophy but a mixture of traditional B.J. philosophy, new age religion, motivational material and scientific theories.

The second reason that those who teach philosophy do not seem to need practical experience, is that they are dealing with a largely intellectual endeavor. In fact, it could be suggested that exposure to the practical aspects of chiropractic may even hin-

der the exercise of free thought. Could being practical in practice dissuade you from philosophical positions? Many a young chiropractor has come out of school with the fervor of the chiropractic philosophy and eventually dissuaded from its practice by the trials and tribulations of the real-world practice. For this and other reasons, there is a real tendency to keep the philosophical and the practical separate and distinct.

With that in mind, I still believe that it is important for us to constantly subject our chiropractic philosophy to the rigors of practical application. If it can not hold up to the scrutiny of practice then let us relegate it to cocktail party conversation and nothing more. If it can be practically applied to the public, then that is the determining factor as to whether we have a profession or not. We can have a philosophy without a

profession (in fact, many in the objective straight chiropractic community think we are on the verge of that right now), but it doesn't do very much for mankind. I would suggest that our philosophy should be practical in that the ultimate proof of the validity of what we do is whether it is consistent with our objective and it brings about a greater understanding with the practice members, in particular, and the public, in general, of that objective.

With that in mind, I see a trend among some chiropractors, chiropractic schools, chiropractic philosophers and educators to divorce the impact that our philosophy has upon the public from the philosophy itself. This is really not a new issue. It has been plaguing us for years. B.J. used to call it mixing. Saying you are a straight chiropractor because the medical/therapeutic procedures you

do are clearly explained to the practice member as **not** being chiropractic does not make you a straight. Some so-called straight chiropractors believe that since therapy has no more to do with objective straight chiropractic, than say, oil changes they can do oil changes (prescribe nutritional supplements in their office) without fear of being labeled a mixer. I believe that there is a difference, perhaps not philosophically, but practically. From a practical/philosophical position we must over-

come the idea that straight chiropractic is part of the medical model. Changing one's engine oil does not support the idea that chiropractic is part of the medical model. Nutritional advice clearly does. There is a trend among chiropractors to incorporate "wellness programs" into chiropractic. Perhaps people need wellness programs. There is a trend to incorporate medical-condition reimbursement into chiropractic. These things are not bad in and of themselves. They may be valuable and

helpful to people with certain medical conditions, or to prevent medical conditions, or even to promote health. They are just not straight chiropractic and we should resist the attempts by well-meaning persons to say that since they are not part of philosophical chiropractic, it is acceptable to make them part of the practical chiropractic. If we do not, we will never advance the utilization of chiropractic by the general public and that is definitely not a practical approach.  $\Delta$

## ADIO Viewpoint Part II

---

Okay, here's a test whether you think outside-in or not. Some time back an editorial in a chiropractic publication described the actions of a managed care organization that was paying chiropractors less than medical doctors for services involving the same CPT codes. The editorial was encouraging chiropractors to send money to a Legal Action Fund to help support an ACA lawsuit against Trigon Healthcare. Here is the question: Should we or should we not be supporting an effort to force third-party payers to give chiropractors equal pay? If you said yes we should, you are an outside-in thinker or at best your thinking on this issue is inconsistent with your world and life viewpoint and is probably clouded by your emotions (treating chiropractors different than medical doctors). We are different and difference in a free society necessitates different treatment. We are all equal under the law ("Lady Justice" with the blindfold) so the law should treat us equally. However, when the law (the courts) imposes equality on free enterprise something is wrong. Forcing free enterprise to treat everyone equally destroys free enterprise. Can you imagine people who buy bleacher seat tickets having access to box seats

and box seat tickets holders being forced to sit in the bleachers? No one would buy box seats and the baseball world would lose revenue. Marxism is living proof that making everyone equal does not work. Here are some other aspects of the ADIO viewpoint that impacts this issue.

1. People, or in this situation organizations, must change from the inside-out, if the change is going to manifest itself in permanent good. The title of the editorial is "Conspiracy Gone, but Mindset Lingers." The idea is that despite the suit against the AMA 25 years ago that forced medical people and medical-thinking people to stop conspiring against chiropractors, we are still viewed us as less than their peers. Outside-in thinking says, "Let's sue them again, we are doing what they are doing. We will coerce them into accepting us by the power of the courts." If our chiropractic pioneers adhered to the idea that we were the same as medicine, we would not have a profession today. They were dragged into court, not in civil suits but on criminal charges. They testified that they were not practicing medicine. Now we are saying what we are practicing is medicine or enough like medicine that we deserve

the same pay. Why do we not spend the time and the effort in educating people about what it is we do as chiropractors? That is the only way to achieve the results we seek. As the headline unknowingly reminds us, you do not change people's thinking by force, by suing them in court. The prosecution of so-called "hate crimes" will not wipe out hatred, that is outside-in, it just treats the effects. Hatred comes from the heart, from the thinking process of man. Similarly, thinking that chiropractors do not deserve the same fees as medical doctors for their services (if they really do) comes from the thinking of Trigon Healthcare. We may win a wrongful lawsuit but we will not succeed ultimately unless we change their thinking.

2. The lawsuit defies logic, it is divorced from reality, a very common characteristic of outside-in thinking. Basically, the contention of the chiropractors in this case is, "We are not as well trained as you, either by education or by internship training, yet we believe that we can do the same thing you are doing. We believe that our procedures are as effective as yours despite our limitations of scope of practice and education. Isn't it interesting that we are suing to keep phys-

RETURN SERVICE REQUESTED

FOUNDATION FOR THE  
ADVANCEMENT OF  
CHIROPRACTIC EDUCATION  
Box 1052  
Levittown, PA 19058



PRESORTED  
STANDARD  
US POSTAGE PAID  
LEVITTOWN, PA 19058  
PERMIT NO. 419

ical therapists from doing what we do because they are not doctors, their training is not as extensive as ours. Yet we turn around and want to be paid the same as medical doctors whose training exceeds ours. We are saying to the medical doctors: "we want to replace you, to supplant you, to perform procedures that you are capable of doing, and have been doing since Hippocrates, thus take income from you and we want to be paid what you are paid for those procedures."

3. The lawsuit violates the ADIO principle of freedom. This is a free country. Managed care people should have the right to pay who they want and in the amount that they want. If we do not like it, we should start our own managed care system or just not participate in theirs. What is the difference between the courts telling a private company what they have to pay in fees and telling you as a pri-

vate practitioner what you can charge in fees? If I want a box on the wall, I should be free to do that. If you want to charge \$50 a visit that should be your right also. Should the insurance companies not have the same rights? Whatever the reasons Trigon Healthcare gives for their policy, the bottom line is that from a profit standpoint they believe it is in the best interest of their company, to have the system the way it is. Whether they are right or wrong in their policy is not the issue. That is what free enterprise is, having the right to succeed or fail on your own merits. It is not about having government force you into failure (or subsidize you in order to prevent you from failing).

This issue is one example of how outside-in thinking touches upon every aspect of our professional lives and ultimately our personal ones as well. It touches upon ADIO thinking from a political, legal, economic and

a professional standpoint. If you support this suit or the thinking behind it, you may be an outside-in thinker or you may not be thinking consistent with what you claim is your world and life viewpoint.

*Here is a news item that shows just what percentage of our profession thinks outside-in. A Dynamic Chiropractic survey found that 45.5% of the chiropractic profession surveyed would like to see some regulation of the number of graduates from chiropractic college. Almost half our profession feels that there are too many chiropractors or that the problems in the profession (and their practices, I guess) could be alleviated if we kept more people out of the profession. Depriving people of the freedom to enter a profession is outside-in. Free enterprise is an ADIO concept. It is frightening to realize that almost 50% of our profession has such thinking. Δ*