

THE PIVOT REVIEW

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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.

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Giving People What They Want

When people come into our office they obviously come wanting something. They may not verbally express it, they may not even realize it themselves but they do have a want, a desire.

1. They may want a specific problem corrected. That is not too difficult to understand and I think that ordinarily that is not asking too much of a doctor's care. We in chiropractic (OSC) have a unique problem with regard to that practice member's want. That is simply not our objective and the individual really needs to understand that. However, we also have to realize that this body has a tremendous ability to heal itself, to normalize function and to keep the body working at peak efficiency. I'm not sure we emphasize that point enough in non-therapeutic chiropractic.

Still, that is often what people want from us. Naturally they want symptomatic relief, not necessarily a cure, but if they realize that their body can heal itself and do it better without nerve interference... well, that's what they want.

2. They may want to experience a fuller, healthier, more abundant life. Perhaps they have learned what chiropractic has to offer in the area of enhancing your life experience or reaching your potential in life. Of course, that is the type of chiropractic practice member most of us want.

Those of the first type tend to forget the non-therapeutic aspect of chiropractic, forget that the doctor is not treating their problem but allowing the body to work better and normalize itself. As a result, they tend to come in only when they are in a crisis mode and do not become regular lifetime practice

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members which is the intent for an objective straight practice.

Do we give this first type of people what they want, a means for their body to heal itself of a medical condition and if we do, is that therapeutic chiropractic? If we do not, are we denying part of our historical foundation. (I am perfectly willing to ignore much of our historical philosophy in order to practice what I consider to be a better form of chiropractic). More important than that is the fact that the innate intelligence of the body does heal the body and it can do that better without nerve interference. In fact, sometimes removing that nerve interference makes all the difference and in so doing it appears that chiropractic got them well rather than their own innate capacity to heal. If we are ignoring or playing down the fact that the body heals itself, are we failing to present a very important aspect of chiropractic and the ADIO philosophy? If we discourage that type of person from getting care in our office are we denying something we know to be true for fear of being considered “therapeutic?”

I think this is a personal decision that each chiropractor has to make and it should be made with a certain understanding and with the proper motivation. First, you must realize

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that you are not adjusting someone for a condition or for the “cause” of that condition. If you ever ask that person how they feel or whether they are feeling better, you may want to question your motivation. Understand too that you are clearly giving the practice member a mixed signal which is inhibiting their understanding of the “bigger idea” of chiropractic. You can refuse to take care of people with conditions especially if they indicate that they are only coming in long enough for their body to heal itself of that condition. These people clearly have a questionable understanding of chiropractic. They may or may not understand you are not treating that condition, that you

are removing interference so the body can work better. What you do know is that they do not want to be a lifetime regular maintenance care practice member. What they are saying to you is, “I can live with nerve interference until I get to the point where I am having so much physical difficulty that I need to address it. One way I am going to address

that problem is by having my chiropractor remove nerve interference.” Is that using chiropractic as therapy? Sounds like it to me. Do you want to refuse them care, to dismiss them as a practice member? Well, that as I said, is a personal decision. However, if you choose to take care of them, I believe it is incumbent upon you to keep educating them as you should with every practice member, keep reminding them of the bigger idea in chiropractic. It’s not impossible to change some of them to lifetime practice members. Δ

Making Chiropractic Something It is Not _____

There are many things that chiropractic can accomplish but they are not all chiropractic. The purpose of chiropractic is to enable the innate intelligence to be expressed as fully as possible over the nerve system without interference at the vertebral level. It has no higher end. As chiropractors, we are convinced, or should be, of that purpose, as well as of the worthiness of that purpose. That seems to be a dilemma for many chiropractors. They are just not sure that correcting vertebral subluxations so that the innate intelligence can be better expressed is all that important

an objective. They try to find a higher purpose and to convince themselves that chiropractic exists to serve the purpose that they have embraced. Usually that purpose is to get sick people well. They fail to see that if chiropractic is practiced to serve any other purpose than the one stated above, it is no longer chiropractic.

It is true that chiropractic will accomplish many useful things in the world but if chiropractic is accepted to accomplish those things, it is not chiropractic. Chiropractic will get some sick people well. However, if

it is accepted to get sick people well, it is not chiropractic. Interestingly, the mechanism by which it might get some people well is chiropractic’s true objective by allowing the innate intelligence to be better expressed. Chiropractic will also raise the potential of human beings, but if chiropractic is accepted for the purpose of raising human potential, it is not chiropractic. Chiropractic will improve performance in people but if it is accepted for the purpose of improving performance, it is not chiropractic. Chiropractic will increase the length and the quality of one’s life but if it

is accepted for that purpose, it is not chiropractic. Chiropractic will produce a healthier community, but if it is accepted for the purpose of creating a healthier community, it is not chiropractic.

Chiropractic must be accepted for the purpose of achieving the chiropractic objective, not to achieve the useful things mentioned here. For if you accept chiropractic to achieve a useful thing you will most surely miss

the real purpose and in so doing miss many useful things. Chiropractic must be accepted to achieve its true purpose or it will fail to be chiropractic and fail to fulfill a need for humanity. Δ

The Scope of Practice Partnership

An interesting article, appeared in the June 6, 2006 issue of *Dynamic Chiropractic*. It seems, according to the writer, that the AMA is up to their old tricks of trying “to contain and eliminate” chiropractic as a recognized health care service in the United States. The AMA has created an “entity known as the Scope of Practice Partnership to study the qualifications, education and academic requirements of ‘limited licensure health care providers and limited independent practitioners’ such as doctors of chiropractic, acupuncturists and naturopathic physicians.”

The AMA, through its executive vice president, Dr. Michael Maves, says that they recognize “non-physician providers have been, and will continue to be, important elements in the provision of health care...” The AMA just wants to “ensure quality care for patients.” It seems that 36 percent of all American adults used at least one type of complementary and alternative medicine in the past year.

I am not in a position to judge the ulterior motives of the AMA. The writer of the article, by comparing this endeavor with the AMA’s Committee on Quackery of the 1960’s, thinks they are once again out to get us. Perhaps he is right. However, I’m not sure that is the right tact to take with our medical brethren. That may have been their motive in the 60’s but a lot has happened since then: the anti-trust suit, the improvement of our chiropractic

curriculum, standardized testing (national boards), a federally-recognized accrediting agency (CCE), and millions of dollars from increased tuition and grants to upgrade our colleges’ physical facilities. We have nothing to fear.

In fact, we should welcome this modern-day Flexner Report. It will give us a chance to vindicate ourselves in the eyes of organized medicine. We can prove to them that our graduates are as competent as the graduates of the best medical schools in full-body diagnosis. We can show

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them that the cases seen at chiropractic college clinics are just as challenging and prove just as much a learning experience for the chiropractic student as teaching hospitals do for medical students, that the internship experience at a CCE school is equivalent to the two-year internship of the medical physician.

Not only will we be able to prove our equality or superiority to medicine in the area of diagnosis, an art that both they and we agree is the essential prerequisite “to ensure quality care for patients,” but we will be able to rid the health care community of unqualified practitioners or at least cast a bright light on their dark back-alley procedures and inadequate training. This report will, hopefully, demonstrate that an acupuncturist does not have the training of a fully-licensed chiropractor. It will show

that the physiotherapist is not qualified to manipulate the spine given the little training he has in technique. Perhaps we can put them out of business altogether. Our training in chiropractic school must be better than that in physical therapy. After all, we’re doctors, they are not. You need to have adequate, full-body diagnostic training to take care of musculoskeletal problems and we do.

We are as good as medical doctors and we can help them eliminate those alternatives that are not. We are now mainstream health care and its time we and the medical profession work together to safeguard the public by ridding it of dangerous practices.

We are not afraid of any objective examination of our education and training. We are completely qualified and are anxious to demonstrate our expertise to the world. This is not the chiropractic of the last century. We are not afraid of comparing ourselves to medicine or even being judged in malpractice cases by medical doctors and their standards of care. We are now real doctors. We’re ready. Bring it on! Δ

P.S. My editor insists that I say this article is entirely sarcastic.

Innate Intelligence Caused Vertebral Subluxation

Every so often the question arise whether the innate intelligence of the body would ever have reason to cause a vertebral subluxation. My first reaction is always the same, “Why on earth would the innate intelligence of the body do that?” Perhaps the question is asked by those who do not understand the metaphysical ramification of a vertebral subluxation. It interferes with the proper expression of the innate intelligence of the body. A vertebral subluxation exists because the innate intelligence cannot move a bone back into the correct position or at least into a position where it can control the bone’s movement. In other words, a vertebral subluxation is a vertebra that is no longer under the control of the innate intelligence of the body. Why would the innate intelligence move a bone into a position where it could no longer control it? That would not be intelligent and innate intelligence is intelligent. People with the last name of Miller, Smith, and Farmer may no longer ply those trades, but innate intelligence is still intelligent.

The intelligence of the body could and probably does move bones into unusual positions, possibly for the purpose of reducing some other stress upon the body. The question then becomes, will being in this unusual position cause nerve interference? And if it does cause nerve interference, is that a vertebral subluxation? That is really the question that people are usually asking. Will the innate intelligence cause nerve interference if that nerve interference is an adaptation (i.e., “lesser of two evils”)? If that is a possibility, then we would have to redefine a vertebral subluxation because as it is the definition only includes loss of juxtaposition, occlusion of an opening,

impingement of a nerve, and interference with the transmission of mental impulse. There are a number of issues here. The first is whether a vertebra can move out of its “proper juxtaposition” and not cause nerve interference. We probably all have been taught philosophically that it can. The medical profession would say yes. In fact, they would say it never causes nerve interference! However, as non-therapeutic straight chiropractors, we do not address curvatures unless of course one or more of the individual bones in the curve happens to also be causing nerve interference.

Some techniques maintain that any misalignment is a subluxation, that structure affects function. Are these “global subluxations?” Can twelve or twenty vertebrae misalign? We must keep in mind that any change in structure affects function but as non-therapeutic straight chiropractors, the only function we address is the function of the nerve system. A scoliosis affects function but that is a medical condition (i.e., one that requires therapeutic measures). So that would not be a vertebral subluxation. Just demonstrating one or two components of a vertebral subluxation (i.e., misalignment without nerve interference) does not constitute a vertebral subluxation. There are chiropractic techniques that maintain these global subluxations need to be corrected, that we must realign the entire spine back to a position that has been determined to be normal. But these practitioners are not really addressing the problem of nerve interference, merely the problem of structural distortion and the “normal” is something they have determined which is not necessarily

what the innate intelligence of a particular body wants.

Another position would be that of the upper cervical practitioner who maintains that nerve interference occurring from misalignments are simply adaptations, that the innate intelligence puts them there but they should not be adjusted and their cause is in the upper cervical region. They maintain that if the upper cervical subluxation is taken care of, the innate intelligence will correct the adaptations when it wants to. That may have been the exact position that B.J. was espousing in his writings and I failed to pick up on it.

I would like to suggest a third position. Let us say for the sake of argument that the innate intelligence will move a bone into a position that interferes with the nerve system but by doing that it reduces a problem elsewhere. The only scenario I can conceive of is if in moving a bone, another segment will move to create less stress upon the nerve system overall and there is some limitation of matter that prevents the innate intelligence from moving that bone directly. That being the case then we must consider another criteria for a vertebral subluxation that is other than misalignment, occlusion of an opening, impingement of a nerve and interfere with the transmission of mental impulses. That fifth criteria would be that the vertebra besides the above is in a position that the innate intelligence does not have control over it. It cannot move it back to its proper position. So it moves others around it to lessen the effects of that subluxation but they do cause some interferences, just not as serious an effect.

What are our options? We can “adjust” all 12-20 misalignments as-

suming they are all subluxated or we can adjust one that is the cause and allow the body to correct the rest in its own good time. To do that we must arbitrarily decide that the cause is in one area of the spine *all the time* or, we must have a technique that will address this new criteria. Can we know that the bone is in a position that the innate intelligence wants it (one of these adaptative subluxations)

or is in a place that the innate intelligence does not want it but cannot move it? I believe muscle palpation has indicators that can give that information. I do not know of other techniques that have those indicators. A “working muscle” is an indicator that the innate intelligence of the body is attempting to move a bone, meaning it is in a position that the body does not want it. The fact that the muscle

is “working” means the innate intelligence cannot move it (limitation of matter). If it were able to move it, it would have done so and we would never have had the subluxation to begin with. Your thoughts and comments on this or any article are always welcome, on the FACE message board. Δ

Philosophical and Theological Distinctions ==

There are so many similarities and areas of common interest between chiropractic philosophy and theological concepts that there is often an overlapping. The thread of truth woven through these two areas of study has provided the critics of chiropractic, both outside and within our profession, with ammunition and the opportunity to charge us with religious cultism. Because of this, I believe it is important to make distinctions when and where they exist.

One such area is in terminology and there is probably no more important term than that which is the basis for our objective, *innate intelligence*. There is no term, nothing in science, philosophy or theology that describes the full impact of the innate intelligence of the body. We are forced to describe it in terms that really is the language of accommodation. In the frustration of trying to describe a term that the public has an inherent recognition of, but no adequate description, many chiropractors have employed already existent terms and descriptions. Some of them have created more confusion and achieved just the opposite result of their intent. No one has created more confusion than B.J. himself. The most disjointed term the Developer used is the term “soul” to explain and describe the innate intelligence. I cannot think of a worse term to use. Besides the fact

that it is not accurate, it is a term that is little understood and has a multitude of meanings to different people. So, basically, B.J. used a more confusing term to try to clarify a confusing term!

The soul is an entity. It is immaterial, but it is still an entity. With that assertion, I have probably created disagreement with some people’s definition of the soul. Since it would be impossible to make the distinction between innate intelligence

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and every definition and description of the soul, I will stay with the one commonly understood in the Midwestern United States at the turn of the century when B.J. was developing the chiropractic philosophy, a Judeo-Christian definition. As an entity, the soul has a beginning. It is placed within the body at a certain point between conception and birth (the exact time differs among theologians). The innate intelligence has no beginning or end as far as chiropractic is concerned. Both the sperm and egg have innate intelligence. As a principle, innate intelligence al-

ways exists, it just ceases to be expressed in individual organisms at a certain point in time (death). The principle of gravity continues to exist when an airplane takes off. It just is not expressed when the plane is flying.

Most theologians would maintain that plants and animals do not have a soul. Our philosophy teaches us that the innate intelligence of every organism is the same. It is the character of the matter that determines the differences in the expression of the intelligence.

While innate intelligence is expressed differently in different people, it is the same principle. The soul, on the other hand, is different in every person, that is what gives human beings different personalities. The soul has a location. It is generally agreed

that the soul is in the brain or the brain is part of the soul. The innate intelligence has no specific location, except that we state it is confined to the body in which we see it being expressed. This may be where B.J.’s confusion occurred. B.J., in drawing a comparison to the soul, placed the innate intelligence in the brain, a concept which is no longer accepted by most chiropractic philosophers.

The soul departs the body at death. This may have been another area where B.J. saw a relationship. We really cannot pinpoint the exact moment the soul leaves the body. It

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is probably closely related to the cessation of brain activity, but a person in an irreversible vegetative state is still carrying on many vital coordinated functions and expressing the innate intelligence of the body. However, after the soul has left the body there are still innate functions occurring. They may be only on a cellular level and only for a short time but there are still innate functions occurring, there is still a level of innate intelligence being expressed.

There are other characteristics that separate the soul from the innate intelligence of the body. The soul has a will, the innate intelligence does not. We may choose to do things that are harmful to our body, have no effect or are good for the body. That is a soul function (more closely related to educated intelligence rather than innate intelligence).

The innate intelligence always does the same thing, that which promotes adaptation and is good for the organism.

If we are going to advance our philosophy, we need to understand it better, how it relates to other disciplines and how it does not. Only then can we explain it in non-contradictory

terms and bring this message to humanity. Δ

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