

# THE PIVOT REVIEW

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Volume 23 • Number 3 • April 2008

**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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## Underconfronting

In the most recent issue of *The Practice Builder*, I addressed the issue of being an underconfronter. If you have not read that article or do not receive that newsletter go to <http://p4.hostingprod.com/@f-a-c-e.com/practicebuilder23.doc>.

**S**ome people thrive on confrontation. They usually end up being in sales. Yet for all of us, whether you are a parent or a chiropractor, or both, you realize that some ability to confront is important in our life. No one enjoys confronting their children regarding negative aspects of the child's behavior. We love our children and the very thought of confrontation is not pleasant. Sometimes the result of the confrontation is the parent's hand vigorously applied to a certain area

of the child's anatomy. Anyone who is a parent knows the maxim that discipline is more painful to the parent than it is for the child. That is probably why we have so few parents doing it these days, and so many unruly, misbehaving children. We do not want to be made uncomfortable, to feel the pain of having to discipline our children, to acknowledge that they are sometimes not the perfect little angels we want them to be. However, if we want them to be good people, we must pay the price. If you

don't want that responsibility, you should probably get a cat instead of having children. Everyone knows that it is impossible to get a cat to do anything other than what it wants to do. We confront (and discipline when necessary) our children because it is in their best interest.

The same is true about confrontation in the chiropractic office. Sure, we talk about chiropractic for the world, we talk about loving humanity and enabling our practice members to be all that they can be, but some-

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times I wonder whether we really believe it. You would confront your child about wandering out into the street when playing. You would explain carefully and lovingly the danger of that, and if it did not work, you would apply the necessary punishment to discipline them into staying out of the street. I am not suggesting that you spank your practice members for missing appointments. The chiropractic state board frowns upon that type of practice management. However, perhaps we need to be a little more confrontational with them.

I think that the important point is that you can be confrontational without being abrasive or offensive. The issue, as I see it, is how vital is it that your practice members understand the importance of chiropractic for them and their entire family and that they receive it regularly for their lifetime. The degree to which we confront our children is directly proportional to the importance of the issue. Parents call that “choosing your battles.” We may not choose to confront our teenagers about the absurd style of their clothes when they go out, but we most assuredly are going to make an issue out of what time they are expected home. If we did not care what time our children got home, it would convey to them the idea that we are not too terribly concerned about their safety and well-being. While children may at first resent the iron-handed parent, in the end they realize how much they are loved (providing they are being shown love in other areas of their life). We need to apply that same

concept to our practice members. It is difficult to show them how much we love them. Unlike the manner in which we relate to our children, we cannot afford to buy them all an Ipod for their birthday. While that is not a good indication of how much we love our children, it is one some children use to manipulate their parents, at least before they mature. When they get older they often realize that the confrontation was a better indication of love than the Ipod. We can and should find ways to show practice members we care for them and about them. That does not mean that we forego confrontation. Practice

child, you want to do what is best for them and their well-being.

Our practice members need to be confronted about keeping their appointments and continuing lifetime care because it is important to their well being, not because you need their money. The only way the confrontation can be effective is if they understand the benefits of regular chiropractic care and the negative results of not having their spines checked on a regular basis. That occurs by having a good, effective educational program in the office. If you don't have one, your confrontation will be no better than the parent

who, when questioned by the teenager why they have to be home by 11 PM, is told, “Because I said so.” After you have a good educational program in place, the practice member understands that it is all about their best interest in life and health. Then you need to be able

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members forget their appointments or forget being regular in their care just like our children forget or ignore their curfew. However, if they know we really care for them, they will accept our confrontation in the spirit in which it is intended or should be intended. We should absolutely show them we care, by not neglecting confrontation on issues that are vital to their chiropractic care and well-being. They must understand that the confrontation is being done for their benefit. That is not always easy. The teenager thinks the curfew is for the parent's benefit, so they will not lose sleep or worry about where their child is. They need to know that is not the case. It is because as a parent, who loves their

to confront them when they have failed to live up to the guidelines of that program. Δ

# Diagnosis

You would think that the issue of diagnosis would be settled by now. So much has been written about it. It seems pretty clear to me. To treat medical conditions you need to perform a diagnosis. If chiropractors treat medical conditions, they need to do medical diagnoses. If chiropractors do not treat medical conditions, but address only one condition (which is not a medical condition), the vertebral subluxation, the only need is to determine whether the person entering the office is subluxated or not. If we do not treat diseases and we make that fact perfectly clear to the prospective practice member, then we are clear of any legal responsibility. However, even more important than that is the moral

responsibility of making sure that every person coming into our office understands what our unique objective is and that it does not replace or even overlap the

medical objective. That is no easy task and it may be more of a challenge than even performing a diagnosis. That is a real irony. The medically-inclined members of our profession charge that we are only technicians rather than “real” doctors because we do not diagnose but, rather, merely perform a technical procedure, that is, give an adjustment. Yet, the so-called art of diagnosis has been reduced to a procedure that can be done most of the time on the internet and is probably done tens of thousands of times a day by lay people who are using a computer program that some technician has designed. No professional expertise needed there.

If a doctor is a teacher, then the non-therapeutic, objective straight chiropractor, is more of a doctor than the broad-scope practitioner. It takes no professional training to put a modality on a patient. It takes little, if any, professional training to enter a patient’s symptoms into a computer program and watch it spit out a diagnosis. It does, however, take professional training to be able to communicate and educate people about the chiropractic objective. You see, everyone is different in their understanding and even their ability to understand the uniqueness and distinctiveness of the chiropractic objective. Educating people is an art form. We can use technology and scripts but on a certain level there

the health-care delivery system the issue of diagnosis should never come up. On or by the end of the first visit, people should understand that we do not perform a diagnosis and that if they desire one they need to go to a medical doctor. How hard is it to understand a non-therapeutic objective? It seems that it is more difficult for our profession than it is for most of the public. People coming into the office seem to easily get the idea. True, they often forget a few days, weeks or months later and begin to ask about their symptoms and they need to have our objective (correcting vertebral subluxation so the innate intelligence of the body can be expressed more fully) and our non-objective (treating disease or

symptoms of disease) explained again. Much of our profession, on the other hand, has never gotten it in the first place. Those of us who have should not

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must be a heart-to-heart connection between the chiropractor and the practice member to make sure they really understand what we are doing. This brings me to the issue of diagnosis that is becoming a point of contention.

Some time back it was suggested that we acknowledge the need for what was termed “referential diagnosis.” The argument, as I understand it, is not that the chiropractor must distinguish what the medical condition is but he must determine that it is not a chiropractic condition and that the person needs to see a medical physician. In light of our philosophy that makes no sense to me. If we are doing our job in explaining our objective in chiropractic and our role in

be coerced by the insurance companies, the accrediting agency, the medical world and life viewpoint or the complaining patient into ignoring that truth and trying to find euphemistic terms to justify practicing medicine under the guise of chiropractic. Δ

# A View From the Sky Box

If Science and Philosophy are going to get together, we must resolve a serious problem in the field of scientific study. The problem is that many in the scientific community believe that everything can be explained scientifically. This approach (which is really a philosophy itself) is dangerous to legitimate scientific investigation and fatal to an understanding of chiropractic. It would not be so bad except for the fact that modern science has excluded the supernatural or metaphysical from scientific study and concluded that nothing but science is legitimate study.

This is really a rather modern phenomena. From the ancient magi to Kepler, Copernicus, Boyle and Newton, men of science saw religion and philosophy as totally compatible with science. In fact, for many it was their strong faith that prompted them toward scientific study. Modern scientists have an altogether different perspective. One only has to read Sagan, Dennett, Dawkins, Weinberg and/or Crick to see their prejudice. The latter two have actually written that their desire to refute the metaphysical has driven them to scientific study. Of course, there are exceptions like biologist, Francis Collins; astronomer, Owen Gingerich; and many of the men and women who attend Sherman's IRAPS conventions (see last issue).

It seems we have two areas of thinking: procedural mechanism and philosophical mechanism. Procedural mechanism is the study of natural, material phenomena to give us the reality of what we can see. It is the research scientist's area of study because his procedures must of necessity function in the natural realm. It is entirely legitimate as long as we do not conclude that it is the only

reality. That is the problem with the modern scientist and many chiropractors. They adhere to a philosophical mechanism. They believe that the material is the only reality that exists. That is not a scientific observation. It is an a priori assumption. They begin with that conclusion and then merely look around for phenomena that support that conclusion, rather than look for ways to refute it (which is true science). What is more, they ignore anything that tends to contradict their prior assumptions. Yet any true scientist would admit that there are many phenomena that cannot be explained by physics and chemistry.

The true scientist does not work with blinders on. He or she sees the whole field. They may focus on one area of study, but they do not discount other areas. The chiropractor functions in a unique arena. We acknowledge that the human body has an immaterial component to it and to ignore that component or the impact that it has on the human organism is a mistake. We understand that we are addressing physical, flesh and blood phenomena, however, man is more than that and if we ignore the "more than that" we can never fully serve mankind. We already have a profession called medicine that ignores the metaphysical. We somehow forget our historical roots. It was the very fact that materialistic (only focusing on the material) medicine failed in significantly improving the health and well-being of mankind that prompted the need for a new profession that would see the interrelationship between the physical and the immaterial. That was our reason for existence and our early success. We should not abandon that reason now. Δ

## Thot

**To say that the human body is just a compilation of organs, tissues and cells is like saying that *War and Peace* is a collection of words or Beethoven's *Fifth Symphony* is a collection of musical notes.**

**While both of those statements are true, to view Tolstoy's and Beethoven's works as such is to miss out on the beauty, richness and power of them. Similarly, a purely naturalistic view of the human body deprives the individual of an important and life enhancing aspect of the structure in which he resides.**

# A Thought on National Health Insurance

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With so much talk during an election year about a national health insurance program (which is really a euphemism for socialized medicine), perhaps we should begin dialogue within the chiropractic profession as to how it will affect us as a profession and as individuals. First, let me say that insurance of any kind involves a number of issues. It has financial implications which is one reason why I am reluctant to be critical of those who feel the need to take insurance. It involves a chiropractor's need to make a living and that is a personal, a very personal matter.

It also has philosophical implications and in addressing that issue I have no reluctance to speak up. Lastly, it involves some practical issue like the future of the

chiropractic profession to exist at all, let alone as a separate and distinct profession with a unique objective.

There is also an issue of what is best for our country. As citizens, as well as chiropractors, we must be sensitive to issues that affect the well-being of our country and that is not just a matter of patriotism or altruism. What affects the economy of a country directly affects the success of our profession as a whole and our income as professional individuals. I can remember the hit my practice took in the 70's with the gas crisis. I am sure that we are already feeling the effects of the cost of gasoline because the country has not resolved the causes that precipitated the problem three decades ago.

So how will socialized medicine affect the profession? I guess we

can assume that we will be included on some level since we are already part of the Medicare program. An interesting question is whether we will be required to be a participant in the program. People tell me we are required to be a provider for Medicare but for 30 years I have never been officially informed of that fact and I have yet to be informed of my failure to participate. In some countries, doctors do opt out of the socialized medicine program and seem to have thriving practices seeing people who do not want to wait to be seen by a doctor, something which

There are most definitely philosophical problems with being included in a socialized medicine program. Because it is medicine, allopathy will set the standard for care, for objective(s) and the parameters of practice. It will be medical and so likely will not be consistent with our non-therapeutic chiropractic objective.

A person who takes insurance or participates in insurance programs has an altogether different agenda than does someone who does not. The chiropractor who is paid by the practice member is able to concentrate

his efforts solely on educating the public and bringing more people into the office. The insurance taker, on the other hand, must also influence government and private insurance com-

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universal care seems to create. Whether we can opt out or not remains to be seen.

One thing those who participate in the program can look forward to is mountains of paperwork and dealing with bureaucrats. I am not sure which is worse, dealing with some IME who is trying to save the company a few dollars or a federal bureaucrat who has a Napoleonic complex. Either way, it will not be fun. It will be interesting to see what kind of services chiropractors will be reimbursed for.

Other changes that can occur will be the possible absorption of the profession as a medical specialty. Will we as a profession have to become more medicalized? Will we have to set aside our lifetime-maintenance care programs?

panies. He must constantly be working to improve his ability to be paid and to prevent loss of his insurance privileges. He must address the practical problems of doing this. He must balance his philosophy with his ability to be paid. All of these factors may affect his practice, his professional objective, how he sees the future of chiropractic and the direction it should take. It will be an interesting time.  $\Delta$

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