



WITCH HUNT DOWN UNDER

JC Smith

Introduction

Imagine reading these headlines in your news feeds:

"Medical Association Speaks Out Against Spine Surgery" by Ann Arnold from the program 'RN' on the Australian Broadcasting Corporation network.

"Medical Journal of Australia Tell Spine Surgeons: Stop Cutting Patients, Refer to Chiropractors First" by Sinead Maclaughlin and Freya Noble for Daily Mail Australia.

"Paediatric Chiropractor Proven Right!" A retraction by Will Vanessa Brown and Rebecca Sullivan @News.com.au.

These fictitious news articles are totally plausible however unlikely in Australasia's current media atmosphere. Throughout the unfolding events the mainstream media has neglected its role as a *'fair and balanced'* watchdog in a vibrant democracy and, instead, has become the shield for political medicine that turned a blind eye to the facts, expert opinions, and available research that vindicate the chiropractic profession.

Quick Tap or Scan:



Witch hunt

The recent attack in the media on paediatric chiropractic care, *'Doctors speak out against chiropractors treating children,'* (April 22, 2016) has now escalated from unjustified defamation against a reputable Melbourne chiropractor Ian Rossborough to a smear campaign against the entire chiropractic profession.

Contrary to the unsubstantiated comments by the medical assailants in the media, numerous research studies show chiropractic care is an effective treatment for infants with colic, an important point omitted in the media assault.

Instead of the truth, these medical curmudgeons resorted to unfounded malicious remarks to impugn an innocent chiropractor in a victimless non-crime – no child was hurt, no parents complained, and no laws were violated – which suggests this media ordeal was simply a witch hunt to convict Dr Rossborough specifically and all chiropractors generally in the court of public opinion on fabricated allegations.

John Cunningham, MD, led this medical hysteria with his inflammatory comment: *'There's not many things that make an orthopedic surgeon emotional, but when you see a premature baby having its back cracked, it literally makes my eyes water.'* (1)

In reality, no infant's back was 'cracked' and if Dr Cunningham had done his homework before spouting off, he would have realised research confirms chiropractic can actually help colicky babies, a blessing every [sleepless family](#) would love to know.



Jumping on this witch hunt bandwagon were other MDs choosing to partake in fear-mongering. Paediatrician Dr Chris Pappas said '*no scientifically proven benefits of chiropractic manipulation for young babies and children exist.*' (2) President of the College of GPs, Dr Frank Jones, said '*I think that this is an unnecessary and seemingly almost cruel process that there is actually no evidence to support.*' (3)

Oh really, doctors? Just where is your proof or must the public simply take your word as fact?

Although these medical curmudgeons may have enjoyed their moment in the media bashing an innocent chiropractor, obviously neither the investigative journalists nor these MDs bothered to do their homework. A simple Google search would have discovered articles on PubMed in support of chiropractic care for colicky babies, such as:

- ▶ [The Chiropractic Care Of Infants With Colic: A Systematic Review Of The Literature.](#) (4)
RESULTS: Our findings reveal that chiropractic care is a viable alternative to the care of infantile colic and congruent with evidence-based practice, particularly when one considers that medical care options are no better than placebo or have associated adverse events.
- ▶ [Efficacy of Chiropractic Manual Therapy on Infant Colic: A Pragmatic Single-Blind, Randomized Controlled Trial.](#) (5)
CONCLUSIONS: In this study, chiropractic manual therapy improved crying behavior in infants with colic.
- ▶ [Manipulative therapies for infantile colic.](#) (6)
CONCLUSION: The majority of the included trials appeared to indicate that the parents of infants receiving manipulative therapies reported fewer hours crying per day than parents whose infants did not, based on contemporaneous crying diaries, and this difference was statistically significant.

In light of this supportive research on paediatric chiropractic care, obviously the medical assailants' inflammatory comments were ridiculous, especially a '*cruel process*', '*baby having its back cracked*' and '*no scientifically proven benefits*' can now be seen as sheer nonsense.

One has to wonder if these MDs actually watched the YouTube [video of Dr Rossborough](#) as he gently treated the colicky infant cradled in his lap. This was actually a very endearing scene. Despite the intent to demonise Dr Rossborough his caring touch will most likely boomerang against his detractors and attract many exhausted parents with colicky babies to his office seeking help.

These medical men and journalists should be ashamed of their effort to assassinate the character of Dr Rossborough and impugn an entire profession without one shred of evidence.

If Australasian journalists have a '*fairness doctrine*', they should be obligated to write a retraction, present the facts and give Dr Rossborough and the chiropractic profession equal time to redeem themselves. Clearly this attack on paediatric chiropractic is a witch-hunt that has nothing to do with the actual science showing the clinical effectiveness of paediatric chiropractic for colic.

Indeed, without an open and free press, where do chiropractors go to get their reputations back after this unwarranted attack?

Wrong witch

If the truth be known, these medical curmudgeons have also chosen the wrong witch to hunt.

If Drs Cunningham, Pappas and Jones wanted to scare the public about a '*cruel process*' in paediatric care they should have turned their attention to the actual problems caused to infants born by forceps delivery, which is one reason why infants need chiropractic care to correct the spinal misalignments caused by these traumatic births.

The use of forceps delivery is a shocking scene where the OB-GYN uses an instrument shaped like a pair of large salad tongs that grabs the baby's head to pull it out of the birth canal, a dangerous procedure for both the baby and mother.

According to the [Mayo Clinic](#), forceps delivery poses many possible risks:

- ▶ Skull fracture
- ▶ Brain damage
- ▶ Cerebral palsy
- ▶ Intracranial haemorrhage
- ▶ Seizures
- ▶ Bruising or lacerations to the baby's head
- ▶ Minor external eye trauma
- ▶ Minor facial injuries due to the pressure of the forceps
- ▶ Temporary weakness in the facial muscles (facial palsy)
- ▶ Developmental delays
- ▶ Brachial plexus injuries
- ▶ Bruising or lacerations to the mother's cervix or vagina

This list of injuries caused by forceps delivery suggests the numerous reasons why chiropractic care for infants is necessary. If anyone needs more convincing about the real dangers of forceps delivery, the following YouTube videos are a must-see:

- ▶ An instruction video, [FORCEPS DELIVERIES - PIPER FORCEPS | Medical Training Film](#).
- ▶ Another [YouTube](#) video reported a baby allegedly died after its head was crushed in a forceps delivery. (7)

So, where is the medical outcry of this actual '*cruel process*' in the birthing of infants? Clearly if there is a witch to hunt in paediatric care, it should be the medical witch with forceps and not the chiropractic paediatrician.

Can we expect the news media to publish an exposé, '*Doctors Speak Out Against Forceps Delivery Damaging Infants*'? Can we expect Drs Cunningham, Jones, and Pappas to shed more tears about this cruel process? Obviously there exists a double-standard Down Under in regards to which witch to hunt.

Surgical witch

As fate would have it, this pathetic panic over paediatric chiropractic care coincided with a more important healthcare issue over patient safety that came to light during the same week but garnered much less attention in the media and went without mention by the same medical curmudgeons. Go figure, eh?

A surprising article indicting spine surgery was published in the *Medical Journal of Australia*, '*Perspectives: Surgical management of low back pain*' (8) by Leigh Atkinson (Wesley Pain and Spine Centre, Brisbane, QLD) and Andrew Zacest (Department of Neurosurgery, Royal Adelaide

Hospital, Adelaide, SA.) The authors stated '*Spinal surgery for chronic low back pain is controversial, and the disproportionate number of fusions in private hospitals is unexplained.*'

A related online article published by the *MJA InSight* newsletter on 26 April 2016, '*Spinal Fusion Surgeries Questioned*', written by Charlotte Mitchell was painfully clear the need to stop the tsunami of back surgeries is urgent:

"Spinal fusion surgeries for chronic low back pain are on the rise, despite the lack of research to back their efficacy, and experts are now calling for tighter guidelines, including a waiting period." (9)

If gentle paediatric chiropractic care brought tears to Dr Cunningham, this *MJA* exposé unquestionably made him hysterical since this time *his* professional specialty was the witch in the hunt.

Making the witch wait

Dr Richard Williams, orthopaedic surgeon and spokesperson for the Royal Australasian College of Surgeons, told *MJA InSight* that a key regulation should be that patients must wait a period of 12 months before a spinal fusion surgery was performed, noting '*Most patients will recover after these 12 months*' without any surgery.

I can only imagine the astonishment of Dr Cunningham to a year's delay before doing fusions on his patients. Undoubtedly 90% of his patients would be well in a year's time using chiropractic care, therapeutic massage therapy and self-care home exercises among other non-drug alternative methods.

Professor Jeffrey Rosenfeld, senior neurosurgeon at the Alfred Hospital and director of the Monash Institute of Medical Engineering, also mentioned for patients who do not have clear indicators for spinal fusion surgery (the 'red flags' of cancer, fracture, infections), a non-invasive multidisciplinary approach is preferable, which includes chiropractors: '*This will often give people better long-term pain outcomes than having multiple spinal surgeries.*' (10)

Since turnabout is fair play, certainly the media should hold this orthopedist's feet to the fire to have him comment about the ineffectiveness of spine surgery, the proposed waiting period on surgery for a year, and the recommendation to refer these chronic back pain patients to chiropractors.

I can only imagine the flow of tears from Dr Cunningham following that interview. After all, what's good for the goose is good for the gander!

Which cruel witch?

Again to quote Dr Frank Jones, '*I think that this is an unnecessary and seemingly almost cruel process that there is actually no evidence to support,*' (11) he basically paraphrased the Leigh Atkinson and Andrew Zacest article in the *Medical Journal of Australia*.

If anyone thinks back surgery is not a '*cruel process*' with dwindling evidence, I suggest they view another YouTube video about Dr Cunningham's specialty, [Lumbar Fusion Surgery](#). Spoiler alert: this video is shocking and grotesque, definitely not for the weak kneed. However, anyone considering a spine surgery needs to watch.

After viewing that video, I suggest next watching another video discussing the aftermath of [failed back surgery](#) syndrome that happens to many people. After watching these two videos, if anyone still prefers surgery instead of seeking chiropractic care, it reminds me of a statement by Dr Robert Mendelsohn, '*Anyone who has a back surgery without seeing a chiropractor first should also have his head examined.*'

More medical witches

As if the attack on paediatric chiropractic care was not poorly misdirected, another attack upon the chiropractic profession by the medical society Down Under occurred with the recent call by the *Royal Australian College of General Practitioners* telling its members not to refer patients to chiropractors.

If this boycott were to happen, the net result would be millions of more cases of opioid painkiller abuse, addictions, deaths, and unnecessary back surgeries leading to a lifetime of disability for many patients.

Legally, this may also be a slippery slope to an antitrust lawsuit. This call for a boycott of chiropractors by the RACGP is reminiscent of an illegal boycott in the US that led to antitrust litigation in a federal lawsuit, *Wilk et al. v. American Medical Association et al.* (12)

Now we witness the same unsubstantiated hysteria illustrating the same medical mindset that typifies a monopoly more interested in defamation and domination than in scientific truth.

A shocking revelation at the Wilk trial was the lack of evidence to the AMA's main legal defense of 'patient safety' to justify its boycott of chiropractors just as we now see with the assault on Dr Rossborough – not one injured patient testified against the chiropractors.

According to the judge, *'The AMA did not, during the entire period of the boycott, have reason to hold that view. It is clear that there were some therapeutic benefits of chiropractic that the AMA knew about'* She noted many medical doctors testified that chiropractic care got people well in half the time as medical care.

Afterwards, the judge admitted to a reporter this medical war was primarily an economic turf battle. *'Absolutely,'* Judge Getzendanner later confessed. *'Chiropractors compete with doctors. There's no question about it; it's basic competition.'* (13)

Wicked witch

The world renowned spine expert, Scott Haldeman, MD, DC, PhD, and founder of *World Spine Care*, confirms that every credible guideline on spine care now recommends conservative care first:

'The paradigm shift has already taken place. Non-surgical, non-invasive care is already the first choice for treatment for spinal disorders in the absence of red flags for serious pathology in virtually all guidelines.' (14)

Many stunning revelations now show why medical spine care has been dubbed the 'poster child of inefficient spine care' by Mark Schoene, the editor of *The BACKLetter*, a leading international spine research journal who commented on the tsunami of ineffective spine surgeries: (15)

'The world of spinal medicine, unfortunately, is producing patients with failed back surgery syndrome at an alarming rate ... Despite a steady stream of technological innovations over the past 15 years - from pedical screws to fusion cages to artificial discs - there is little evidence that patient outcomes have improved.' (16)

Such criticism was first mentioned in 1989 by Scottish orthopedist, author, and 1987 Volvo Award in Clinical Sciences winner, *Gordon Waddell, MD*:

'Low back pain has been a 20th century health care disaster ... back surgery has been accused of leaving more tragic human wreckage in its wake than any other operation in history.' (17)

One reason it is a clinical disaster is because spine fusion is based on an outdated 'bad disc' premise, the key selling point used by spine surgeons to convince unsuspecting patients for disc fusions although this misdiagnosis flies in the face of research.

In 1990, [Dr Scott Boden](#), Director of the Spine Center at Emory University, revealed with his seminal MRI research that 'bad discs' appeared in pain-free people. (18) Another dagger in the spine surgeon's back occurred in 1994 when the U.S. Public Health Service's Agency for Health Care Policy & Research (AHCPR) study (19) stated in its Patient Guide:

'Even having a lot of back pain does not by itself mean you need surgery. Surgery has been found to be helpful in only 1 in 100 cases of low back problems. In some people, surgery can even cause more problems. This is especially true if your only symptom is back pain.'

Yet these studies have not stopped spine surgeries that have increased 267% over 11 years. (20)

In 2006, spine researcher Chien-Jen Hsu, MD, also admitted this 'bad disc' fallacy in the *Journal of Neurosurgery*:

'By far the number one reason back surgeries are not effective and some patients experience continued pain after surgery is because the disc lesion that was operated on is not, in fact, the cause of the patient's pain.' (21)

More recently in November, 2014, the Mayo Clinic released a review of 33 previous studies that also found the vast prevalence of 'bad discs' among pain-free people. (22)

This research begs the obvious question: how often has Dr Cunningham warned his patients before doing expensive surgery that their 'bad disc' may have nothing to do with their back pain or the likelihood for returning to work is less than 50%? [23]

Incidentally, how often has Dr Cunningham mentioned chiropractic care before surgery as the guidelines now recommend? (24) It appears for most spine surgeons the Hippocratic Oath, 'Do No Harm' has changed to 'Don't Confuse Patients with the Facts!'

Today the shoe is on the other foot and Dr Cunningham has a lot of explaining to do in the court of public opinion about his own clinical abuse doing unnecessary spine surgeries on unsuspecting patients that have made him a wealthy man.

Placebo surgery

Yet another shot across the bow for Dr Cunningham occurred when spine surgery was deemed [the ultimate placebo](#) by a mutinous Australian spine surgeon Ian Harris in his new book, *Surgery, The Ultimate Placebo: A surgeon cuts through the evidence*.

According to Dr Harris, spine fusion is not only ineffective but often leads to complications and, even when it appears to work, it's usually because of the [placebo effect](#):

'Millions of people have had spine fusions for back pain and I am not at all convinced that the benefits of this surgery outweigh the considerable harms ... there is very little evidence that spine fusion surgery for back pain is effective. It is very expensive (the implants alone are often tens of thousands of dollars per case), often leads to complications, often requires further surgery, is associated with increased mortality, and often does not even result in the spine being fused.' (25)

Dr Harris understands the incentive of big money motivates these spine surgeons:

'At an average cost of \$100,000 each, I am certainly not convinced that it is worth \$50 billion a year. Somebody is winning here and it isn't the patients.'

Certainly Dr Cunningham and his orthopaedic colleagues are winning considering spine surgeons are the highest paid of all MDs with an average of \$443,000, higher than cardiologists at \$410,000. (26)

Despite the new guideline recommending a 12-month waiting list and the use of non-drug treatments before surgery, the spine surgeons will certainly resist, come hell, high water or guidelines, due to the huge financial incentive. NM Hadler, MD, author of *Stabbed in the Back*, (27) wrote about this financial motivation *'The pen may be mightier than the sword, but it is not mightier than the dollar.'*

Actually, Dr Harris's contention of the *'placebo effect'* in spine surgery is not the first such claim. A 2005 study from Switzerland suggested a similar *'curabo effect'* with spine surgery. (28) The Swiss team concluded that *'surgeons tended to give overly optimistic predictions that were not correlated with patient outcome.'*

Rather than the optimistic 99% prediction by surgeons, in fact, the majority (56%) of the patients showed no significant improvements a year after their back surgery. The power of the surgeon's suggestion, not unlike the *'placebo effect'*, makes patients think they improved without any real corrective intervention.

With the high revenue generated from spine fusions, certainly spine surgeons are highly motivated to give a *'curabo'* sales pitch to unsuspecting patients looking for a quick-fix. They are also just as quick to defame chiropractors who are far cheaper and more effective. Indeed, which professional is being unscientific and unethical about evidence-based spine care?

Wrong spotlight

This medical melodrama in Australia resembles the 2016 Oscar for Best Picture, *Spotlight*, that cast a bright light on the pedophile scandal and cover-up within the Catholic Church after years of abuse. This film follows *The Boston Globe's 'Spotlight Team'* investigation that also earned *The Globe* the 2003 Pulitzer Prize for Public Service. (29)

To recap this film, in 2001 journalists from *The Boston Globe's Spotlight Team* finally *'connected the dots'* to uncover a conspiracy among lawyers, local government officials, the Catholic Church leadership, closed-mouth parent-parishioners, along with the *Globe's* own failings to expose the pedophilia of priests who were hiding under a religious cloak to conceal their sexual exploitation of children.

The Boston Globe reporters remarked about the cover-up: *'It was surprising that this scandal was so far reaching into so many different institutions in Boston. To have continued for as long as it had, there had to be a lot of people looking the other way.'* (30)

The pedophile cover-up by the Catholic Church resembles the similar egregious behaviour we now see in the Church of Modern Medicine. Since the 1990s, *'a lot of people'* in medicine were also *'looking the other way'* in regard to the opioid painkiller apocalypse and ignoring the tsunami of unnecessary back surgeries. Just as the priests committed crimes under a cloak of the crucifix, so have the promiscuous prescribers and spine surgeons who practice under the cloak of the medical caduceus.

As to be expected, confronting the Church of Modern Medicine is as daunting as confronting the Catholic Church. Both are powerful *'cultural authorities'* that inherently are respected by the mainstream. To incriminate doctors or priests is a difficult task; after all, one is the *'guardian of health'* while the other is the *'guardian of your soul.'*

Just as the writers at *The Boston Globe* were courageous journalists, we need to find Australian journalists with the same strong backbones to shine a new spotlight to connect the dots within medical spine care that have led to this opioid and surgery disaster.

Indeed, where are the cautionary tales in the media warning patients about opioid painkillers addiction and the high failure rates of spine fusions that are a very real threat to thousands of people every year?

For instance, why hasn't the recent *MJA* article gone viral in the lay media as did the baseless paediatric chiropractic case? After all, the number of patients adversely affected by opioid drugs and back surgeries far outnumber the victimless non-crime of paediatric chiropractic care that caused such a stir.

In other words, is the media truly '*fair and balanced*' or just the shill for political medicine? Indeed, how much longer will the media Down Under shine the spotlight in only one direction?

Chiropractors call for open disclosure

This character assassination in the media of chiropractors and the crisis in spine care – the deluge of opioid painkillers and the ineffectiveness of spine surgery – indicate the urgent need to have a '*fair and balanced*' discussion about all aspects of medical spine care.

Now senior members of Australia's chiropractic profession have called for open disclosure on the risks and benefits of spine surgery. Professor Phillip Ebrall, formerly Professor of Chiropractic, *CQUniversity*, Mackay, said the epidemic of low back pain and the dangers of opioid painkillers, epidural steroid injections, and spine surgery have long been a concern to chiropractors.

Apparently the *Medical Journal of Australia* now agrees and worldwide, researchers point to the need to establish new guidelines that include non-drug and nonsurgical care as the first course of treatment.

'Over the past few weeks Australia's consumers of government-funded health care have seen damning reports of the dangers of opioid painkillers which are frequently used in an attempt to treat low back pain.' He continued *'what was once seen as the ultimate surgical alternative is now claimed by an expert, Ian Harris, MD, to be largely a placebo.'*

It was added that these often unnecessary and disabling surgeries are also very expensive and without evidence. *'Australia's health care bill is being rung up to unimaginable amounts for interventions which lack evidence for their effectiveness.'* The evidence points to a beneficial role for chiropractors in the initial management of musculoskeletal back pain. *'Chiropractic is safe, effective, affordable and evidence-based and should be the first therapy to be utilised in patients presenting with low back pain.'*

The enormity of this problem demands the attention of high-profile public health advocates such as [Ken Harvey](#), an adjunct Associate Professor at the *School of Public Health and Preventive Medicine at Monash University*, to form a joint task-force with chiropractors to prepare more appropriate guidelines for the management of low back pain.

As senior neurosurgeon and Professor Rosenfeld suggested, a non-invasive multidisciplinary approach is preferable, which includes chiropractors foremost. It's past time to end the medical war on chiropractors and call a truce for the betterment of all patients and to reduce the high costs in healthcare.

Perhaps that story would be the most startling '*Breaking News*' headline in the media: *'Medical War Against Chiropractors Ends! Patients benefit with the best of both worlds.'*

JC Smith

MA, DC

jcsmith@smithspinalcare.com



References

- [1] "Doctors speak out against chiropractors treating children," by Ann Arnold from the program "RN" on the Australian Broadcasting Corporation network, April 22, 2016.
- [2] Watching a chiropractor work on a baby's spine is worse than it sounds By Vanessa Brown and Rebecca Sullivan, News.com.au, April 26, 2016.
- [3] Doctors slam chiropractors over controversial 'back cracking' video that features a four-day-old baby being 'treated' for colic, By Sinead Maclaughlin and Freya Noble for Daily Mail Australia, 29 April 2016.
- [4] <http://www.ncbi.nlm.nih.gov/pubmed/21571236>
- [5] <http://www.ncbi.nlm.nih.gov/pubmed/23158465>
- [6] <http://www.ncbi.nlm.nih.gov/pubmed/23235617>
- [7] <http://abcnews.go.com/Health/funeral-held-baby-allegedly-killed-forceps-delivery/story?id=21426453>
- [8] <https://www.mja.com.au/journal/2016/204/8/surgical-management-low-back-pain#8>
- [9] Charlotte Mitchell, Spinal fusion surgeries questioned, MJA InSight, 26 April, 2016.
- [10] Charlotte Mitchell, *ibid*.
- [11] Doctors slam chiropractors over controversial 'back cracking' video that features a four-day-old baby being 'treated' for colic, By Sinead Maclaughlin and Freya Noble for Daily Mail Australia, 29 April 2016.
- [12] Wilk et al v AMA et al., US District Court Northern District of Illinois, No. 76C3777, Susan Getzendanner, presiding judge; Judgment dated August 27, 1987.
- [13] Bryan Miller, Chiropractors vs. AMA, Chicago Reader, June 27, 1991.
- [14] Private communication with JC Smith, 7/10/2013.
- [15] US Spine Care System in a State of Continuing Decline?, The BACKLetter, vol. 28, #10, 2012, pp.1.
- [16] The BackLetter, vol.12, no. 7, pp.79 July, 2004. The BackPage editorial, The BackLetter, pp. 84, vol. 20, No. 7, 2005.
- [17] G Waddell and OB Allan, "A Historical Perspective On Low Back Pain And Disability," Acta Orthop Scand 60 (suppl 234), (1989).
- [18] SD Boden, DO Davis, TS Dina, NJ Patronas, SW Wiesel, "Abnormal Magnetic-Resonance Scans of the Lumbar Spine in Asymptomatic Subjects: A Prospective Investigation," J Bone Joint Surg Am. 72 (1990):403-8.
- [19] Bigos et al. US Dept. of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Clinical Practice Guideline, Number 14: Acute Low Back Problems in Adults AHCPublication No. 95-0642, (December 1994).
- [20] Harris IA, Dao AT. Trends of spinal fusion surgery in Australia: 1997 to 2006; ANZ J Surg 2009; 79: 783-8.
- [21] Hsu CJ, et al. Clinical follow up after instrumentation-augmented lumbar spinal surgery in patients with unsatisfactory outcomes. J Neurosurg: Spine, October 2006;5(4):281-6.

- [22] Brinjikji W, et al. Systematic literature review of imaging features of spinal degeneration in asymptomatic populations, *American Journal of Neuroradiology*, 2014, prepub ahead of print; www.ajnr.org/content/early/2014/11/27/ajnr.A4173.long.
- [23] Anderson, Joshua T. BS; Haas, Arnold R. BS, BA; Percy, Rick PhD; Woods, Stephen T. MD; Ahn, Uri M. MD; Ahn, Nicholas U. MD, Single-Level Lumbar Fusion for Degenerative Disc Disease Is Associated With Worse Outcomes Compared With Fusion for Spondylolisthesis in a Workers' Compensation Setting, *Spine*: 01 March 2015 - Volume 40 - Issue 5 - p 323-331
- [24] R Chou, et al. "Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society," Low Back Pain Guidelines Panel, *Annals of Internal Medicine* 2 147/7 (October 2007):478-91.
- [25] "Back pain? Try some placebo surgery," Ian Harris, *THE AGE*, February 26, 2016.
- [26]. Medscape Physician Compensation Report, 2016, http://www.medscape.com/features/slideshow/compensation/2016/public/overview?src=wnl_physrep_160413_mscpedit&impID=0&faf=1#page=2
- [27] Hadler NM. *Stabbed in the Back; confronting back pain in an overtreated society*, University of North Carolina Press, 2009, pp. 88.
- [28] B Graz, V Wietlisbach, F Porchet, JP Vader, "Prognosis or "Curabo Effect?": Physician Prediction and Patient Outcome of Surgery for Low Back Pain and Sciatica," *Spine* 30/12 (June 15, 2005):1448-52.
- [29] "Church allowed abuse by priest for years," by Matt Carroll, Sacha Pfeiffer, Michael Rezendes; and editor Walter V. Robinson, *The Boston Globe*, Jan. 6, 2002.
- [30] "Church allowed abuse by priest for years," by Matt Carroll, Sacha Pfeiffer, Michael Rezendes; and editor Walter V. Robinson, *The Boston Globe*, Jan. 6, 2002.