

WHERE DOES A CHIROPRACTOR FIT IN THE HEALTH CARE SYSTEM?

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Introduction

The first half of 2020 is an interesting time to be talking about health care and, specifically, where a Chiropractor's role fits in that system.

Yes, I'm talking about Covid-19 – more properly called SARS-coV-2.

My experience of SARS-coV-2 may be a little different to yours. Due to happenstance and what hindsight might call poor planning, my wife and I ended up being on a Covid Free cruise ship with our original planned end to our cruise being in Tahiti, on March 15, which turned out to be about 3 days after the pandemic was declared.

We were not allowed into French Polynesia and were bounced around the Pacific until we were eventually allowed to disembark in San Diego some 12 days after our cruise officially ended. We went from visiting interesting places to being escorted in and out of Honolulu by gunships. And, while we had the run of the ship, we were confined on it for over 2 weeks longer than we planned. From there, we were escorted in a sealed bus to the Airport, where we caught the last scheduled Qantas flight to Australia. We arrived in Sydney (which is not our home city) to be met and escorted by armed police to a 12 metre by 5 metre hotel room for a further 2 weeks.

Whilst in mandated isolation it was the contacts and, especially, phone calls from family, colleagues, friends and patients that helped keep us sane. This really pointed out to me how useful 'tele-health' type consultations could be for my health. They were not quite as beneficial as a good solid adjustment, but they really made a difference to my mental health and well-being.

While there, and back in reasonable electronic contact with the world, the impact of Covid became more evident. The dichotomy that has always been part of our profession has never been more to the forefront. Personally, I was a little shocked at the vehemence of some in the Australian profession who were attacking chiropractors for keeping their clinics open.

Here in Australia we are registered as Primary Care Physicians. In both New Zealand and Australia, we are judged an essential service.

It would appear that the advent of SARS-coV-2 (covid-19) has challenged this judgement in the minds of some of our practitioners. In the presence of the 'deadly corona virus', how do we keep our act together to maintain solid patient care and service especially if what we do is defined by 'The Adjustment'?

For a start, as a profession, we need to recognise our value as primary care physicians.

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Quick Tap or Scan:



I'm going to challenge some of you with this statement. But our care is far broader than we think or, if you think we're '*hands on spine only*', you're nuts.

I probably need to frame that last statement a bit. I'd like to suggest that what we do is FAR more than just '*cavitating joints*'.

During my studies, we were taught that the chiropractors in Davenport during the *Spanish Flu* noticed what was purportedly a lower death rate in those undergoing chiropractic care. I give you this with no reputable science to back it up, but a personal belief that, if we reduce the load on the body - improve musculo-skeletal integration, reduce the proprioceptive noise due to aberrant biomechanics or reduce the nociceptive input - however you want to look at it, it's possible that we may increase the body's ability to cope with other stressors.

I'm going to side track for a second to the Science, Art and Philosophy of our profession.

Science is important. This *Journal* hopefully will provide for some of that. It should help explain what we see in practice and may guide how we go about things by indicating pathways with the highest positive response. At a minimum, it will give us the tools to talk to both our patients and to other health care professionals in an evidence guided way.

Our Art? It's having the right tools to achieve our therapeutic intent. While technique is very important, research seems to suggest the actual technique chosen is not as important, as patients seem to get similar results no matter whose name is attached to the technique used.

Philosophy - the WHY we do the things we do - in the past, despite internal chiropractic dissension, it can be said to come down to "*because it works*" but is 120 years of clinical evidence enough? Especially if it doesn't always walk in lock step with current dogma?

Where I believe all health care practitioners work is the Mind Body interface. Evidence is beginning to appear in the medical literature. For example, in 2017 I was at a conference where we had a presentation on the effectiveness of arthroscopy given by Prof Ian Harris, PhD, FRACS, author of '*Surgery the Ultimate Placebo*'. Prof Harris suggested that the most common operations performed in Australia were knee and shoulder arthroscopies. Research shows that 75% of shoulder arthroscopies get positive results and better than that for symptom reduction in knees. (1, 2)

But Harris reports that the improvement with placebo surgery is pretty much identical if not higher. (3)

A recent BBC Horizon program titled '*The Placebo Experiment*' had Dr Ian Mosley giving placebo capsules to chronic low back pain patients. One of the parameters measured was the length of time of the initial consultation - 7 vs 15 minutes, with 15 minutes consults having a far higher positive effect.

These are revelations for the medical profession. Apparently after tens of decades of doctors trying to remove the placebo effect, they are now beginning to research it. For some, it's a new area for inquiry but, for others, it is engaging the mind body interface to get the best possible result for the patient.

So, we come back to *therapeutic intent*. If our intent as chiropractors is to improve the patient's wellbeing, initially we will conduct a full case history and physical exam. Presuming we have a chiropractic case, and after discussing it with the patient, we then will apply an intervention that is probably aimed at increasing their mobility and decreasing the nociceptive afferent input to the brain. This then will probably be followed by engaging the patient in rehabilitation to maintain and improve their musculo-skeletal system. Research seem to indicate that we do this better by engaging the patient in their own self-care and improving their mental attitude as suggested by the biopsychosocial model. Every element in this process can be said to be aimed at improving the quality of neural integration.

It is my belief that the breadth of our chiropractic skills makes us highly proficient in these tasks.

In the example of my health while in covid enforced isolation, the frequent calls from concerned individuals made a huge difference to my perceptions of the world, and to my ability to 'soldier on'. This, in turn, made me less grumpy and less of a load on my wife and life's partner. It also encouraged me to exercise and to get more exercise both in quarantine and since we managed to get home. When I got home, I made an appointment for follow up care.

I see scientific inquiry being brought to bear on all elements of practice. Yes, we need greater numbers of published case studies, case series and randomised controlled trials. They are essential. But we also need to look at some of the other characteristics of successful clinical interventions. It all needs to be published in reputable, peer reviewed, journals.

As a profession, we need to be sure that we are primary health care practitioners who can get some good clinical results. And now the task is to get those results critically examined, published, and promulgated.

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Cite: Ellis WB. Where does a chiropractor fit in the health care system? [Editorial]. *Asia-Pac Chiropr J.* 2020;1:013 DOI <https://doi.org/10.46323/2021013>

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