

**WHITE PAPER**

**DISRUPTIVE JOURNALISM  
& CHIROPRACTIC**

**BY**

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## TALKING POINTS

If Life U. is to begin an adventure in disruptive marketing/journalism, there are questions needed to be answered to set the agenda. In other words, how “disruptive” does Life U. want to be?

In the following syllabus, I’ve included a few classic books on the issue of changing attitudes to make things happen:

1. [\*The Tipping Point\*](#) by Malcolm Gladwell
2. [\*Made to Stick\*](#) by Chip and Dan Heath
3. [\*Triggers\*](#) by Marshall Goldsmith
4. [\*Contagious: Why Things Catch On\*](#) by Jonah Berger
5. [\*Influence: The Psychology of Persuasion\*](#) by Robert Cialdini
6. [\*The Medical War Against Chiropractors\*](#) by JCS
7. [\*To Kill a Chiropractor: The Media War Against Chiropractors\*](#) by JCS

With this information in mind, it will give us a background to proceed with our game plan. The next step is to ask ourselves:

- Does Life U. want to totally upend “outdated models of medical spine care” as the latest research and guidelines now suggest?
- Does Life U. want to indict Dr. Chappo, MD, for harming millions of people with “usual spine care” causing the “disastrous effects of damaging medical intervention” that has led to a “national scandal” such as the opioid crisis, millions of unnecessary ESI, and failed disk fusions costing billions annually in the US?
- Is Life U. ready to challenge the Emory Spine Center as the predominate spine care center in Atlanta? (we can do this!)
- Is Life U. willing to assume the role leading the entire profession with its own disruptive PR program rather than supporting those in the F4CP and the ‘new’ ACA who want to kiss medical butt?

## INTRODUCTION

We chiropractors are on the brink of a new era. We have evolved into a highly educated, evidence-based health care profession on the leading edge of spinal care. The recent studies now confirm our brand of hands-on manual therapy for nonspecific LBP is a front-line treatment as many evidence-based medical guidelines now suggest.

Recently 2016-18 studies published by the [\*American College of Physicians\*](#), [\*Journal of the AMA\*](#), [\*National Pain Strategy\*](#), [\*Centers for Disease Control and Prevention\*](#), and [\*The Lancet\*](#) series on low back pain have substantiated the current evidence-based medical treatment guidelines promoting conservative

and alternative treatments for LBP now utilized in the [Official Disability Guidelines \(ODG\)](#), [MDGuidelines](#), and the [American College of Occupational and Environmental Medicine \(ACOEM\)](#).

## EVIDENCE-BASED GUIDELINES

Due to the overwhelming onslaught and dangers of prescription narcotics for LBP, extensive research by every major agency and medical association now touts nonpharmaceutical approaches to LBP and the opioid crisis with spinal manipulation as a leading front-line treatment:

- 2015: The Joint Commission promoted chiropractors from the ranks of the medical zombies (note: the [Joint was a co-conspirator in the boycott of DCs in the 1960s leading to the Wilk v. AMA antitrust trial](#)) with its [Revisions To Pain Management](#) effective January 1, 2015:

Both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following:

Nonpharmacologic strategies: physical modalities (for example, acupuncture therapy, [chiropractic therapy](#), osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy.

- 2016: The CDC released [CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016](#):

“Although the guideline does not focus broadly on pain management, appropriate use of long-term opioid therapy must be considered within the context of all pain management strategies (including nonopioid pain medications and [nonpharmacologic treatments](#)).”

- 2017: The [American College of Physicians](#) updated its 2007 guidelines for treating nonradicular LBP with nondrug, nonsurgical conservative care that were released on Feb. 14, 2017, in the *Annals of Internal Medicine*, CLINICAL GUIDELINES: [Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians](#):

The American College of Physicians (ACP) recommends in an evidence-based clinical practice guideline that physicians and patients should treat acute or subacute LBP with non-drug therapies such as superficial heat, massage, acupuncture, or [spinal manipulation](#).

- 2017: A similar study by the *Journal of the American Medical Association* appeared on April 11, 2017: [Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain Systematic Review and Meta-analysis](#), also recommending SMT before medical spine care.

Findings: In this systematic review and meta-analysis of 26 randomized clinical trials, [spinal manipulative therapy \(SMT\) was associated with statistically significant benefits in both pain and function](#), of on average modest magnitude, at up to 6 weeks.

- 2017: In its attempt to reign in the opioid crisis caused by primary care physicians, pain management clinics, and pharmacists, the Food and Drug Administration issued its [\*FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain\*](#) that included “Complementary therapies – e.g., acupuncture, chiropractic”:

The FDA released its blueprint on educating health care providers about treating pain suggesting they “should be knowledgeable about the range of available therapies, when they may be helpful, and when they should be used as part of a **multidisciplinary approach to pain management**. Complementary therapies – e.g., acupuncture, chiropractic.”

I still recall Dr. Jerry McAndrews telling me how he longs for the day when research would save the day for chiropractic. NCMIC began a Jerry McAndrews Research Fund and gives an award in his name at the NCLC conference. Many chiropractic leaders who championed research to substantiate our good clinical results had unrealistic expectations by placing hope that science-based evidence would sway the medical detractors and a skeptical public to appreciate chiropractic care.

However well-intentioned, this optimism was misplaced because political medicine is less concerned about evidence-based healthcare nor do they follow guidelines as much as are solely concerned about maintaining its monopoly market share, especially in the lucrative spine care industry that ranks at the top of all medical specialties—a \$300 billion enterprise in the US alone with the highest median average salary for a spine surgeon of \$688,500 excluding the kickbacks.<sup>1</sup>

Indeed, healthcare reform and evidence-based guidelines to lower costs and improve outcomes is not their cup of tea. [\*Becker’s Spine Review\*](#) monitors the lucrative market of spine surgery often revealing abuses of for-profit spine care and the consequences for greedy spine surgeons. I have never read one article urging surgeons to follow evidence-based guidelines as I have in Mark Schoene’s monthly journal, [\*The Back Letter\*](#).

Since we cannot rely upon the mainstream media, the media challenge we face rests with disruptive and investigative journalism aimed at the public:

Investigations (usually requiring a certain degree of technical/ professional knowledge) are conducted on the information to find out the full story about an issue, where would otherwise never be told by government/ the entity under investigation. Some call this investigative journalism. In this case, it offers the **analysis and sense-making of scattered information, which makes the otherwise meaningless information become valuable news stories**, better informing the public and urging them to take action.

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<sup>1</sup> <https://bizfluent.com/info-8037360-average-salary-spine-surgeon.html>

In our case, the American public cannot analyze and make sense of the “scattered information” on spine care and guidelines; instead, they are locked into “widespread misconceptions” of “usual medical care” as *The Lancet* reported. Regrettably, this wealth of information got no traction in the mainstream media probably because it was too technical for public consumption—the “otherwise meaningless information” that we need to make into “valuable news stories” to better inform the public to take action.

*The Lancet* review mentioned the “liberal” overuse of non-evidence-based “usual medical spine care” (imaging, opioids, spinal injections, and surgery) and addressed the “disastrous effects of damaging medical intervention”:

“Increased use of ineffective potentially unsafe treatments has wasted limited health-care resources and harmed patients. The epidemic of addiction and rising mortality resulting from increased opioid prescribing in the USA over the past 20 years is a dramatic example of the disastrous effects of damaging medical intervention.”

*Lancet* panelist and journal editor Mark Schoene coined the term “poster child of inefficient care” in his article, “[U.S. Spine Care System in a State of Continuing Decline](#),” as a result of the inept training and dangerous treatments offered by primary care physicians, pain management clinic, and surgeons:

“Medical spine care is the poster child of inefficient care...such an important area of medicine has fallen to this level of dysfunction should be a national scandal. In fact, this situation is bringing the United States disrespect internationally.”

It is imperative for the chiropractic to comment on this “poster child,” and until the chiropractic profession confronts the “national scandal” foisted upon the gullible public by the medical-industrial complex, we will continue to be the low man on the medical totem pole and patients will continue to suffer from the “disastrous effects of damaging medical intervention.”

## **EARNED MEDIA VS. SOCIAL MEDIA**

Ideally, if we were any other profession with this plethora of whistleblower scientific evidence, we should be able approach the news reporters but it will most likely fall on deaf ears.

Unfortunately, these research issues and the overall paradigm shift in spine care has not gotten the attention in the mainstream media for two reasons: 1) most health newsmen are MDs with a [chirophobia](#) bias and 2) their largest

advertiser is Big Pharma, neither of which want a nondrug solution to back-pain promoted on their sponsored programs.<sup>2</sup>

Bypassing the mainstream media via alternative social media platforms may have helped Donald Trump get elected, but the jury is out whether social media will reposition the public to a new attitude about chiropractors.

While FB, Twitter, Instagram, and Google Reviews have been the forte of Jason Deitch to help individual clinics, the jury remains undecided whether bumper sticker slogans will win the day overcoming the chiophobia instilled in the public's mind from decades of defamation by the most trusted members of cultural authority—their favorite MDs.

Sadly, medical bigotry still exists because no one has made it an issue that impedes medical progress. Imagine if chiophobia never existed and chiropractic were a normal part of integrated mainstream healthcare, there may not be an opioid crisis, there would not be a tsunami of failed back surgeries, nor would there be high disability rates for LBP.

A lot of things would be different if DCs were mainstream not limited to better spine health and care, but also including the benefits of the Big Idea—neurophysiology, neuroplasticity—as well as healthy habits and the broad benefits of a “chiropractic” lifestyle.

However, medical supremacy like white supremacy is very much alive despite the unfairness, injustice, and expensive consequences. Without chiropractors making chiophobia a newsworthy issue, people still don't empathize with DCs. Imagine the black movement without *#BlackLivesMatter* or the women's movement without the *#MeToo* era of awareness. Chiropractors are victims of social injustice but suffer alone without public sympathy. Indeed, we are missing in the media. It's past time to correct this with disruptive activity.

The problem remains today we have a [“post-literate” society](#) where most people, including chiropractors and President Trump, don't like to read, so they turn to the 30-second sound-byte, the 33-character tweet, or to posting slogans on Facebook. Making science palatable is the key to our success.

## **REPAIRING OUR IMAGE**

Another big barrier is the medical defamation of chiropractors over the years—the “unscientific cult” image claiming DCs were “dangerous” to “public

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<sup>2</sup> This was the subject of my book, [To Kill a Chiropractor, the media war against chiropractors.](#)

safety.” Now is a good time to revisit the issue of clinical safety to throw this allegation back into the face of medical spine care practitioners.

Undoubtedly the largest misconception about spine care in the court of public opinion has been the defamation of chiropractors by the medical profession, aka, “[chirophobia](#).” Although chiropractors sued and won an antitrust case, Judge Susan Getzendanner ([Wilk et al. v. AMA et al.](#)) spoke of the damage inflicted upon chiropractors’ reputation: “By labeling all chiropractors unscientific cultists, injury to reputation was assured by the AMA’s name-calling practice.”

Both federal courts remarked this attack on the reputation of chiropractors was untrue and constituted an antitrust violation that lingers as an anticompetitive prejudice to dissuade patients from seeking the chiropractic brand of spine care.

On the rare occasion of a stroke accident as we witnessed in the Katie May situation, the medical media goes crazy and the story goes viral despite the rarity of such problems. Even the Dr. Oz Show about Katie May turned bad with the sensational title, “[Can your chiropractor kill you?](#)”

Now is the time to give these medical misinformers some of their own medicine by telling the truth about who is hurting whom in spine care. I daresay the same allegation of “public safety” could be levied today against the medical spine industry and the facts are definitely on our side now. Unfortunately, the public is unaware because neither the mainstream media nor mainstream MDs are telling them of the new guidelines.



The challenge for chiropractic is to get this vast amount of new guidelines, legal decisions, safety, and technical information to the public which will be a difficult task considering this profession has no media presence. We have no Dr. Sanjay Gupta, DC, at CNN or Marc Siegel at FOX News to promote these studies touting our brand of spine care.

We need articulate voices and attractive faces as chiropractic spokespersons, and we must prepare students as writers and speakers with a [PR Boot Camp](#) by getting them up the learning curve about the history of the medical war, about the recent studies and guidelines, and about the issues we face to get past the tipping point in the court of public opinion.

We cannot expect to expand our market share or improve our image with occasional Facebook or Twitter postings. Certainly, bumper sticker slogans will not win the day in this PR battle against entrenched organized medicine. We may need to begin a guerilla video channel dedicated solely to the chiropractic profession that includes the myriad of chiro experts, leaders, and spokes persons who make our profession diverse and effective.

## **COURT "PLENTY OF EVIDENCE"**

Despite the lack of advocacy in the media, the Seventh Circuit Court of Appeals did advocate for us when it ruled there was "plenty of evidence" in support of chiropractic care:

"The court acknowledged that during the period that the Committee on Quackery was operating...there was plenty of evidence before the Committee that chiropractic was effective, indeed more effective than the medical profession, in treating certain kinds of problems, such as back injuries.

"The Committee was also aware, the court found, that some medical physicians believed chiropractic could be effective and that chiropractors were better trained to deal with musculoskeletal problems than most medical physicians. 671 F. Supp. at 1481-83"

In 1992, Paul Shekelle, MD, director of the RAND study, [Spinal Manipulation for Low-Back Pain](#), supported the court's attitude:

"To say that there is no scientific proof of spinal manipulation, I would say that there's considerably more randomized controlled trials which show benefit for this than there is for many other things which physicians and neurosurgeons do all the time."<sup>3</sup>

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3 Shekelle, P. et al. RAND Corp Report, "The appropriateness of spinal manipulation for low-back pain," Santa Monica, Calif. 1992.

Imagine if the public had been made aware of these powerful statements what a difference it would have made upon the public's opinion. In a nutshell, our associations missed the boat by not proclaiming, "Court says chiropractors are better than MDs for back attacks!"

The Seventh Circuit did not believe the AMA's boycott of chiropractors was done in the name of "public safety" to protect the public from "unscientific" practitioners, instead it recognized it was a ploy to "destroy a competitor":

"Getting needed information to the market is a fine goal, but the district court found that the AMA was not motivated solely by such altruistic concerns. Indeed, the court found that the AMA intended to 'destroy a competitor,' namely, chiropractors. It is not enough to carry the day to argue that competition should be eliminated in the name of public safety."

Some DCs don't consider chirophobia an issue to discuss, but the federal courts decided the AMA defamation campaign was another anticompetitive factor mentioned in the Seventh Circuit's decision that "affected the demand curve for chiropractic services":

"In the district court's view, further support for plaintiffs' theory of harm was the "very strong evidence of a pervasive, nationwide, effective conspiracy which by its very nature would have affected the demand curve for chiropractic services and adversely affected the income of chiropractors. 671 F. Supp. at 1480.

"Finally, the district court added, there was evidence of injury to reputation suffered by chiropractors. (Both economic experts, according to the court, believed that injury to reputation would constitute an anticompetitive effect of the boycott.)"

The Seventh Circuit decision noted Judge Getzendanner's opinion:

"The district court also found a continuing injury to chiropractors' reputation as a result of the boycott. Because the AMA has never made any attempt to publicly repair that damage, the court found that chiropractors will continue to suffer injury to reputation from the boycott. 671 f. Supp. At 1486-87."

Judge Getzendanner admitted in a 1991 interview that the medical war was primarily a turf battle about money, not about "public safety" as the AMA defendants contended.

"Absolutely," she confessed. "Chiropractors compete with doctors. There's no question about it: it was basic competition."<sup>4</sup>

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<sup>4</sup> Bryan Miller, Chiropractors vs. AMA, Chicago Reader, June 27, 1991

Considering the estimated \$700 million in lost revenues to chiropractors during the AMA's boycott from 1962 to 1980, the restitution for court costs and a relatively minimal fine imposed by the judge amounted to merely a slap on the wrist and considered merely the cost of doing business to the AMA to suppress competition and defame its main competition.

If the press and public were aware that greed and not public safety was the AMA's motivation to eliminate our profession that has now led to the opioid crisis and the scourge of FBSS, the duplicity would be enormous. It's past time to expose the unethical, illegal, and profiteering by the medical bigots and we've never had such a golden opportunity to hang them with their own rope of research.

## **EXPOSING WRONGDOING**

According to [Medium magazine](#), July 23, 2018:

Disruptive journalism observed in our society has been largely enabled by the networked information flow, which is a reality that is increasingly important to the journalism profession, politics and society as a whole. We can foresee disruptive journalism will continue to play its unique role in challenging the status quo. Facing with the increasing challenges from disruptive journalism and that fact that our socio-political situations are getting more and more complex, there is no way to go back or doing "business as usual", but journalists have to evolve in order to continue to do their job well and achieve their mission.

The characteristic that distinguishes disruptive journalism from the rest of mainstream media is its aim/outcome of challenging the status quo by exposing wrongdoing.

We certainly can expose wrongdoing in spine care that created the opioid crisis and the tsunami of disability from failed back surgery. Few knowledgeable people will argue the "disastrous effects of damaging medical intervention."

Without question medical spine care is the biggest scam in healthcare once the many layers of deception are peeled back as research has done for us.

- Imagine if the public were aware that "usual medical care" has led to the opioid crisis since LBP is the leading reason for prescription narcotics allthwhile nondrug chiropractic care is now the preferred treatment proven to lower opioid consumption. Yet MDs still refuse to refer to chiropractors due to greed and chirophobia.

- Imagine the anger among patients suffering from Failed Back Surgery Syndrome if they were to learn they unknowingly faced a 50% failure rate because of the erroneous “bad disk” diagnosis that has been debunked by numerous studies including the Mayo Clinic review when they found bad disks in pain-free people?

- Imagine the anger from patients subjected to expensive and dangerous epidural steroid injections (ESI) that were proven to be “underwhelming” by a leading spine researcher, Dr. Roger Chou. Epidural steroid injections are regarded as ineffective<sup>5</sup> and are not approved by FDA for injection into the epidural space of the spine for fear of blindness, stroke and death,<sup>6</sup> yet an estimated 10 million to 11 million injections (2.2 million in the Medicare population) are administered annually in the United States.

- Imagine the outcry if the public realized a leading spine editor, Mark Schoene, stated medical spine care has become “the worst pain management crisis in the history of modern medicine capable of leading the way forward? That remains to be seen.”<sup>7</sup>

- Imagine if the public knew their family MD was dangerous and unqualified to manage the pandemic of back pain?

- Researchers have revealed *medical* primary care physicians are actually *least* educated to diagnose and treat musculoskeletal chronic pain problems.<sup>8</sup>
- Dr. Scott Boden at Emory admits “Many, if not most, primary medical care providers have little training in how to manage musculoskeletal disorders.”<sup>9</sup>
- Editor Mark Schoene believes the “most perilous setting for the treatment of low back pain in the United States is currently the offices of primary care medical practitioners—primary care MDs. This is simply because of the high rates of opioid prescription in these settings.”<sup>10</sup>

A little known fact reveals the worst pain management in the history of medicine with nearly 70,000 drug overdose deaths annually and over 1400 deaths in Georgia alone. One in ten families will have a victim of opioids ranging from abuse, addiction or death. 2.1 million people struggle with opioid abuse. Every day 112 people die from opioids, which is one person every 12.5 minutes. If this crisis hasn’t touched your family yet, there’s a good chance it will.

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5 Pinto RZ, et al., Epidural corticosteroid injections in the management of sciatica: A systematic review and meta-analysis, *Annals of Internal Medicine*, 2012; 157:865–77.

6 <http://www.fda.gov/Drugs/DrugSafety/ucm394280.htm>

7 Why Should the National Pain Strategy Be MD-Centric? *BackLetter*: February 2016 - Volume 31 - Issue 2 - p 16

8 AD Woolf, B Pflieger, “Burden of Major Musculoskeletal Conditions,” *Bull World Health Organ* 81/09 (2003):646-656.

9 S Boden, et al. “Emerging Techniques For Treatment Of Degenerative Lumbar Disk Disease,” *Spine* 28(2003):524-525.

10 *The BackLetter*, volume 30, number 10, 2015

People need to know the source of this opioid scourge was not the Mexican drug lord known as “el Chapo” because the main purveyors of narcotics have been your family “Dr. Chapo” and your local pharmacist. As you may know, Perdue Pharmaceuticals is being sued for lying about the so-called safety of opioids that began this [Pharmagedon](#). When people learn that chiropractic care [reduces opioid consumption by 57%](#), this will go viral as a natural solution. When people learn chiropractic care also reduces unnecessary spine fusions, there will not be enough chiropractors to handle the flow of new patients.

## **FOLLOW THE MONEY, FOLLOW THE LIES**

Carl Bernstein has often stated, “Follow the money, follow the lies.” The American public has been constantly lied to about chiropractors, about the source of the opioid abuse, about the ineffectiveness of spinal surgery, and by the American Medical Association. It’s too bad every American could not sit through the *Wilk v. AMA* antitrust trial to learn the truth.

The derisive and unfounded Patient Care Defense by the AMA’s legal team to justify its illegal boycott of chiropractors was rejected by both the District Court Judge Susan Getzendanner and the Seventh Circuit:

“The issue here is whether its concern for scientific method in the care of patients was objectively reasonable. In the context of this particular case, then, the question is whether that concern justified a boycott of chiropractic. Based on the undisputed facts, it did not.

“The AMA's argument thus hinges on its lengthy assertion that the four plaintiffs are ‘unscientific practitioners.’ The problem with this approach, however, is that the district court did not agree with the AMA that the plaintiffs were ‘unscientific’ practitioners.” <sup>11</sup>

Also important was the fact that ‘it was very clear’ that the Committee’s members did not have open minds to pro-chiropractic arguments or evidence. 671 F. Supp. at 1481-83.

Although the chiropractors prevailed in the legal court, they have not won their case in the court of public opinion nor on Capitol Hill. As you can imagine, such an exposé stands in direct conflict with the most powerful lobby on Capitol Hill—the medical-industrial complex—as well as conflicts with the most powerful medical reporter in the nation—CNN’s senior medical correspondent,

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<sup>11</sup> Getzendanner, Memorandum Opinion and Order p. 7.

neurosurgeon Dr. Sanjay Gupta, which explains why this impactful message has not been told to viewers at CNN.

Indeed, the paradigm shift in spine care is the best untold story in healthcare. It's past time we told this story.

## **DISRUPTIVE NEWS ARTICLES**

Disruptive journalism concerning back surgery is not a new issue in the mainstream media, but it never did get much traction because the medical society and TV news programs ignored these critical articles. None went viral like the [Katy May stroke](#) issue:

- "[Surgery May Not Be the Answer to an Aching Back](#)," by Joanne Silberner, NPR, April 6, 2010.
- "[Why You Should Never Get Fusion Surgery For Plain Back Pain](#)" by Robert Langreth, *Forbes*, Jan. 10, 2011.
- "[Tapping into Controversial Back Surgeries](#)" by Ben Eisler, CBS News April 24, 2014.
- "[Worsening Trends in the Management and Treatment of Back Pain.](#)" *JAMA Internal Medicine* July 29, 2013: The authors of this study admit, "Back pain treatment is costly and frequently includes overuse of treatments that are unsupported by clinical guidelines."
- "[Outpatient Back Pain Treatments: Not What the Doctor Should Order](#)," *The New England Journal of Medicine* published an editorial, August 20, 2013, by Jaime Toro, MD, stating, "Treatment of back and neck pain increasingly relies on strategies that run counter to published guidelines." His report appeared in many national newspapers:
- "[Back Pain: Doctors Increasingly Ignore Clinical Guidelines](#)" *The LA Times*
- "[Patients With Back Pain Often Get The Wrong Treatment](#)" *USA Today*
- "[Worrisome Trends in Back Pain Management](#)" *Medscape Medical News*
- "[New Solutions For Long-Lingering Back Pain](#)" - *CBS News* reported "many treatments are actually inconsistent with clinical guidelines."

## **MEDICAL GERRYMANDERING**

The second phase in repositioning the public to the chiropractic principles in spine care is to confront the insurance and governmental agencies to end their discriminatory policies concerning chiropractic care—a form of medical gerrymandering to limit access, limit treatments, and limit patients' freedom of choice.

Once disruptive chiro journalism exposes the damage of usual medical spine care and opens the door to evidence-based guidelines for DCs to replace

MDs as primary spine providers, the next step must be to allow full access to DCs without the present restrictions.

We see many markets still closed or greatly limited to DCs, such as Medicare/Medicaid, TRICARE, federal and state workers comp in many states, and private insurers such as BCBS that arbitrarily limits chiro care to 12 to 20 visits annually. Of course, then there is the awful ASHN run by Tom LaBrot and Doug Metz who twist the research with their motto, "Squeeze care to expand profits," to justify allowing DCs just 5.5 visits a year while prohibiting xray analysis.

This limited and inconsistent access to chiropractors and other CAM providers care is well noted by researchers promoting nonpharmaceutical care. *The Lancet* reviewers also mentioned the lack of access to nondrug treatments and concluded the "best practices" are not being followed by medical professionals.

*The Lancet* review minced no words about the hardship of patients seeking conservative care:

"A major challenge will be to stop the use of harmful practices while ensuring access to effective and affordable health care for people with low back pain... Furthermore, in some countries access to some treatments endorsed in guidelines is poor or non-existent.

"Even in high-income countries, access to best practice can be constrained by availability (e.g., in rural and remote regions), payment models (e.g., health-care systems' coverage of medication and surgery, but not physical and psychological treatments), and patients' uncertainty about when or where to seek care."<sup>12</sup>

Erin E. Krebs, MD, MPH, associate professor of Medicine at the University of Minnesota and core investigator at the Minneapolis VA Center for Chronic Disease Outcomes Research, suggested the lack of access is a cause of opioid abuse:

"Lack of access to other pain treatments is part of the reason for opioid over-prescribing. We have evidence-based treatments for pain — mostly low-tech, high-touch treatments — that most people with chronic pain can't access."

She hit the nail on the head of this opioid pandemic — the lack of access to optimal non-opioid pain care consisting of low-tech, high-touch treatments

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12 Sharp AL, Chang T, Cobb E, et al. Exploring real-time patient decision-making for acute care: a pilot study. *West J Emerg Med* 2014; 15: 675–81.

such as chiropractic care and massage therapy for the 70% of 'nonspecific' cases of mechanical origin.<sup>13</sup>

Two studies<sup>14</sup> from Johns Hopkins University also found making alternative treatments more available reduces opioid use:

"Expanding the availability of alternative therapies for chronic pain, including low back pain, is absolutely key to addressing the opioid crisis," said James Heyward, MPH, a research analyst at the Johns Hopkins Center for Drug Safety and Effectiveness.

"Millions of Americans experience chronic pain each year and we can't focus solely on restricting access to opioids without simultaneously making alternatives for treating chronic pain more widely available. Opioid prescribing will go down if patients are offered a broader array of alternative treatments for their pain."<sup>15</sup>

Caleb Alexander, MD, also from Johns Hopkins, noted even when insurers cover proven nonpharmacologic treatments, their policies aren't rational and consistent:

"Some plans covered two visits, some six, some 12; some allowed you to refer yourself for treatment, while others required referral by a doctor. That variation indicates a lack of consensus among insurers regarding what model coverage should be, or a lack of willingness to pay for it."<sup>16</sup>

Roger Chou, MD, of Oregon Health and Science University, a consultant and coauthor of *The Lancet* review, was quite blunt in his assessment in an article, [Are Insurers and Other Payers Hindering Evidence-Based Care—and Exacerbating the Opioid Epidemic?:](#)

"We can recommend anything we want in guidelines, but if proven treatments aren't reimbursed, patients and clinicians will not access them, or won't access them to the extent that they could."<sup>17</sup>

The Optum researchers concluded:

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13 Deyo RA, Weinstein JN. Low back pain. *N Engl J Med* 2001 Feb 1;344(5):363-70.

14 Heyward J, Jones CM, Compton WM, et al. Coverage of nonpharmacologic treatments for low back pain among US public and private insurers. *JAMA Network Open*, 2018;1(6)

15 Heyward J, Jones CM, Compton WM, et al. Coverage of nonpharmacologic treatments for low back pain among US public and private insurers. *JAMA Network Open*, 2018;1(6):e183044. doi:10.1001/

16 [Heyward J, Jones CM, Compton WM, et al. Coverage of nonpharmacologic treatments for low back pain among US public and private insurers. JAMA Network Open, 2018;1\(6\):e183044. doi:10.1001/](#)

17 [Are Insurers and Other Payers Hindering Evidence- Based Care—and Exacerbating the Opioid Epidemic? BACKLETTER Vol. 34, No. 1, January 2019](#)

“Research and guidelines are consistent and clear. We don’t need another guideline, we do need to help patients receive treatment from providers aligned with research/guidelines.”<sup>18</sup>

Obviously, the answer to accessing chiropractic care is to make chiropractors the primary spine care providers to avoid these medical barriers of prejudice, the widespread medical misconceptions by inept chirophobic MDs still practicing “outdated models of care.”

## **CLASS ACTION COMMERCIAL**

Undoubtedly the quickest route to the tipping point would be to sponsor a whistleblower class action lawsuit concerning victims of opioid addiction and failed back surgery.

We’ve all seen the PI attorney ads for mesothelioma victims, victims hurt by prescription drugs, or people harmed by surgical mesh implants. These are not the usual medical malpractice cases where clinical iatrogenesis occurred.

Sponsoring a whistleblower TV ad for a class action lawsuit for opioid abuse/addiction and failed back surgery would be enormous by planting the notion, “If you had a serious back attack and are now addicted to narcotic painkillers or if you had an unsuccessful spine fusion for a “bad disk”, and if you were not told to seek a chiropractor beforehand, then you may be entitled to legal action.”

Imagine the stir that would cause among the entire medical spine professionals. It would immediately plant the seed in the public sector to seek chiropractors first and would also give warning to MDs that Informed Consent is a law, not an option, to give patients full disclosure about “practical alternatives” in spine care.

Class action lawsuits “provide access to justice for those who can't afford to pursue a case on their own. It also promotes “judicial economy” by handling many similar cases in a single court proceeding.”<sup>19</sup>

Harte says just the **initiation of a class-action suit draws instant media attention, and this in turn attracts additional potential plaintiffs.** “Being on the front page of the *Toronto Star* for 7 days in the past 2 months has been enormously therapeutic for my clients,” he says. He adds that the media reports

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18 Thomas M. Kosloff, DC, David Elton, DC, Stephanie A. Shulman, DVM, MPH, Janice L. Clarke, RN, Alexis Skoufalos, EdD, and Amanda Solis, MS, Conservative Spine Care: Opportunities to Improve the Quality and Value of Care, *Popul Health Manag.* Dec 1, 2013; 16(6): 390-396.

19 [Class-action lawsuits medicine's newest legal headache](#)

have allowed his clients to voice their concerns that the health system and its regulators failed them. "That coverage would not have happened without a class action."

Imagine the thousands of people in the greater Atlanta area alone who have been victimized by medical malpractice for back pain who would come forward to tell their story of drug abuse, underwhelming ESI, and failed back surgery. The response would be enormous and the PR would go viral if not internationally since this is a worldwide issue as *The Lancet* noted.

My Google search found a fascinating article that will outline the issues facing our profession: "[How disruptive journalism is challenging the mainstream media and how we can rethink the value and mission of journalism](#)" by Ellen L., [Medium magazine](#), Jul 23, 2018.

Let me quote excerpts from this article to illustrate the need for disruptive journalism in our profession:

Disruptive journalism has never been easier to carry out than it is today, thanks to the technological advancements that made data collection, data delivery, and whistleblowing easier.

#### **Processes and value of disruptive journalism**

In its less common but perhaps the most powerful form, an act of disruptive journalism may disclose important information that is never supposed to reach journalists nor the public. In this case, the value created by disruptive journalism to society is that of **making confidential information available to the public**.

Unquestionably the medical spine professionals certainly do not want the new wave of research and evidence-based guidelines that have discounted "usual medical care" and have promoted nonpharmaceutical, noninvasive, nonsurgical "conservative" spine care such as chiropractic, acupuncture, massage therapy, CBT, yoga, tai chi among other CAM treatments.

In fact, every professional guideline on spine care has upended the standard medical treatment protocols. This is not a new turnaround since its roots were in 1993 with the Manga Report and the 1994 AHCPR report on acute low back pain in adults that recommended SMT before medical spine care.

A class action whistleblower TV ad would do wonders to reposition the public to proper spine care and position DCs at the top of the medical pecking order rather than at the bottom.

## **DISRUPTIVE TOPICS**

There are different angles to take on disruptive journalism:

## 1. #CHIROPRACTORMATTER

There's a human side to practicing chiropractic care that few people understand. This is a story that the press and public would love to learn. I liken it to CNN's new series, "Champions for Change." It's past time for the public to appreciate how chiropractors have fought for medical freedom of choice.

Few people realize 12,000+ chiropractors were arrested over 15,000 times in the first half of the 20<sup>th</sup> century for the crime of helping sick and injured patients get well without the use of drugs or surgery.

Fewer people realize everything they've heard about chiropractors from their MD was most likely a pack of lies, such as chiropractors are dangerous and chiropractic is an "unscientific cult."

On the other hand, we chiropractors see the downside of medical spine care such as patients who were misled down the path of drugs, shots, and surgery. This is the empathy the public must learn how DCs have fought to protect them from the onslaught of dangerous drugs and unnecessary surgery.

- What would you say to someone who became addicted and abuses opioid painkillers that started with a severe back attack?
- What would you say to someone now disabled from a failed back surgery that they probably never needed in the first place?
- What would you say to someone who has had multiple epidural steroid injections for back pain that did nothing to help?

These are typical scenarios chiropractors see daily in their offices, but a scenario rarely told to the public that medical spine care has become one of the most controversial areas in medicine with high costs, poor outcomes while leaving a wake of addiction and disability behind.

Many admissions against spine surgery have come from ethical MDs, reporters, and researchers around the world. In 1989 Scottish orthopedist and author Gordon Waddell mentioned the catastrophic disability rate caused by spine surgery:

"Sadly, we must conclude that much low back disability is iatrogenic [doctor-caused] ... It [back surgery] has been accused of leaving more tragic human wreckage in its wake than any other operation in history."<sup>20</sup>

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20 Waddell G. and OB Allan, "A historical perspective on low back pain and disability," *Acta Orthop Scand* 60 (suppl 234), 1989,

Dr. Waddell also endorsed spinal manipulative therapy as an alternative:

“There is now considerable evidence that manipulation can be an effective method of providing symptomatic relief for some patients with acute LBP.”

### **3. LACK OF INFORMED CONSENT**

By denying patients referrals to chiropractors which has been the official but illegal policy of the AMA since the 1960s, the medical war has had many victims, not just chiropractors. For those of us who have experienced tragedy from medical spine care, there is a very human side to this story.

The problem rests with the fact not referring to DCs may be against the law, another talking point the chiropractic profession has failed to say.

Every patient has the legal right to Informed Consent procedures in which all physicians are required by [Georgia State law](#) to inform injured patients of the procedures, benefits, risks, and “practical alternatives” to medical care, which includes chiropractors. This is not an option, but a legal requirement ignored by most medical professionals, especially concerning chiropractic care.

These alternatives are not simply alternatives to the usual medical care, such as various drugs or different types of surgery, but these alternatives are meant to be outside the practitioners’ school of practice in order to give every patient access to all alternatives, including non-medical care.

The law and professional codes state Informed Consent must be done by the physician no matter the type of payment, whether Medicare, TRICARE, workers comp, BCBS, private pay or pro bono.

The lack of access to the chiropractic benefit also violates the patient’s legal right to choose “practical alternatives” as the [Georgia State law](#) mandates.

Georgia State [Rule 360-14-.04](#) concerning Informed Consent mentions the need to inform patients of “practical alternatives” to surgery:

Information Required to be Disclosed; Means of Disclosure:

(1) Except as otherwise provided in Code Section 31-9-6.1 and these rules, a person who undergoes a major surgical or diagnostic procedure shall be informed in general terms of each of the following:

(e) The practical alternatives to such proposed surgical or diagnostic procedure;

(12) "Practical alternatives" means practical alternatives to a major surgical or diagnostic procedure which are generally recognized and accepted by reasonably prudent physicians.

Case law now suggests it is not enough to only mention those alternatives the doctor may preferred, but those not preferred.

The refusal to refer was the subject of a lawsuit argued before the Supreme Court of New Jersey on February 19, 1999. A unanimous decision was handed down when a doctor was sued for lack of informed consent.<sup>21</sup> This decision extended the rights of the patient with regards to alternative medical treatments in general and “**medically reasonable alternatives that the physician does not recommend;**” of course for most biased MDs, this includes chiropractic care.

The Supreme Court of New Jersey ruled on the need for full disclosure for Informed Consent in the case of [MATTHIES V. MASTROMONACO](#) [Supreme Court of New Jersey. 160 N.J. 26, 1999]:

“For consent to be informed, the patient must know not only of alternatives that the physician recommends, but of medically reasonable alternatives that the physician does not recommend. Otherwise, the physician, **by not discussing these alternatives, effectively makes the choice for the patient.**...By not telling the patient of all medically reasonable alternatives, the physician breaches the patient's right to make an informed choice.”

The [Office of Safety and Health Administration](#) (OSHA) also speaks of the mandate for physicians to inform patients of alternatives:

**Informed Consent** - refers to the requirement that a patient or resident be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course.

When chirophobic MDs fail to give patients Informed Consent, they are not only breaking the law, they are violating the doctor-patient relationship to “Do No Harm” by omitting safe and effective chiropractic care as an alternative to drugs, shots, and surgery.

#### **4. CHIROPRACTORS ARE RIGHT!**

Never before in our history has there been a better time to stake our claim as America’s portal of entry and Primary Spine Care Providers for spine-related disorders. The evidence-based guidelines are clear, we don’t need more research, but we do need to stake our claim with PR.

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21 Jean Matthies v. Edward D. Mastromonaco, DO. Supreme Court of New Jersey [A-9-98], Pollock J. Judgement dated July 8, 1999.

Anthony Rosner, PhD, spoke in 2003 concerning the evolution of the research supporting chiropractic care in his testimony before The Institute of Medicine: Committee on Use of CAM by the American Public:

“Today, we can argue that chiropractic care, at least for back pain, appears to have vaulted from last to first place as a treatment option.”

Despite his accolade and the new evidence-based guidelines recommending conservative care for non-specific spine related disorders, the public and press remain unaware. We may have the best solution to the pandemic of back pain, but we have been negligent telling the world of our success.

Our ultimate success does not rest with medical acceptance as some leaders have preached. Others might suggest the insurance payers in the private and public sectors would be eager to incorporate chiropractic care that is proven to lower costs and improve outcomes, but they are also controlled by political medicine. Indeed, their goal is to maximize profits in a cost-plus relationship where the more they charge, the more money for everyone.

We cannot depend upon Big Medicine to see the truth of research and thereby accept chiropractors with open arms. Evidence-based medicine goes so far until it cuts into their profits. In no way are the “usual medical spine care” professionals willing to give up their claim to the lucrative spine market, a \$300 billion annual industry in the US alone.

## **5. CHIROPRACTIC REDUCES OPIOIDS**

The opioid scandal is an easy target to shoot at to expose how chiropractic is a nondrug proven alternative that has been overlooked by MDs.

Recently a CBS 21 News in Pennsylvania aired [\*An Opioid Exit Strategy, how chiropractors may hold the key\*](#). Although this news article was a nice tribute to the efforts of local practitioners to lower opioid consumption via conservative care such as chiropractic, physical therapy and massage, it failed to mention the recent research studies showing the implementation of chiropractic care has greatly reduced the use of opioid and other prescriptions painkillers:

- 2016: [\*Chiropractic Care Reduces Opioid Use\*](#) indicated a 57 percent reduction in opioid use when chiropractic care was utilized in treatment.
- 2016: [\*Cross-Sectional Analysis Of Per Capita Supply Of Doctors Of Chiropractic And Opioid Use In Younger Medicare Beneficiaries\*](#), found a higher supply of DCs reduces the number of opioid prescriptions.

- 2017: [RAND CAM Military Study, Complementary and Alternative Medicine in the Military Health System](#), found at those MTFs where chiropractic is offered, 59% reported a reduction in narcotic painkillers use.
- 2019: [Integrated Physical Medicine Improves Outcomes in Musculoskeletal Disorders](#), found employer-sponsored health clinics offering integrated physical medicine services—physical medicine, chiropractic, and acupuncture—can improve clinical outcomes while lowering the costs of care for patients with back pain and other common musculoskeletal conditions.

With this evidence in mind, why hasn't anyone at CNN or FOX News informed the public of this huge benefit to lower opioid consumption with conservative care? Could they find it offensive to their largest sponsors in Big Pharma?

## 6. BAD DISKS, BAD HOAX

Undoubtedly the strongest talking point is the fallacy of spine fusion surgery. Unquestionably the "bad disk" diagnosis to warrant surgery has now been deemed the biggest scam in medicine, ranking alongside unnecessary stents<sup>22,23,24</sup> and bypass surgeries,<sup>25,26,27</sup> but much of the media has been strangely derelict to inform the public.

The hoax of "bad disks" requiring spine surgery is not a new controversy.

In 1993, [Alf Nachemson](#), MD, PhD, (1931-2006) spoke of the emerging "bad disk" scandal plaguing spine care. Dr. Nachemson for 20 years was co-editor of *SPINE* and as the godfather of spine surgeons, Dr. Nachemson strongly criticized his spine colleagues of inventing "disk degeneration" as a disease that requires surgery:

"You are violating all the rules of epidemiological science when you name this a disease. You are making people sick...If this is a disease, then this room is full of very sick people."<sup>28</sup>

Dr. Nachemson also made an argument for a moratorium on spine surgeries in his editorial, "*Low-back pain: [Are orthopedic surgeons missing the boat?](#)*":

"After 60 years of surgical experimentation we seem to have reached an impasse. Given the potential risks of our interventions with various ingenious

22 <https://www.sciencedaily.com/releases/2017/03/170320125633.htm>

23 <https://www.webmd.com/heart-disease/news/20070326/many-stent-procedures-unnecessary>

24 <https://www.aarp.org/health/conditions-treatments/info-2018/stents-effectiveness-fd.html>

25 <https://www.medicalnewstoday.com/articles/221380.php>

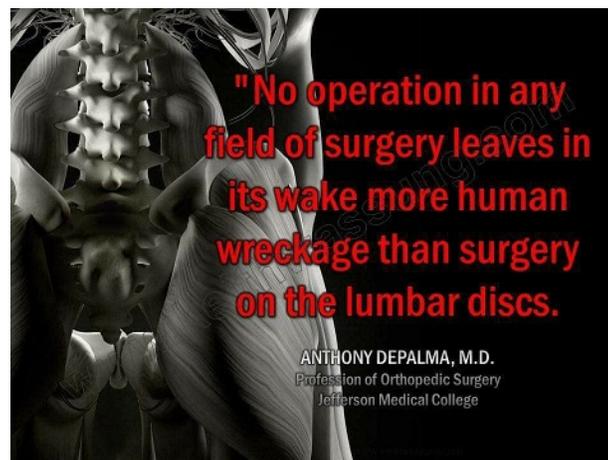
26 <https://www.nytimes.com/1988/07/22/us/44-of-heart-bypass-surgery-is-unnneeded-study-suggests.html>

27 <https://www.usnews.com/news/articles/2015/02/11/are-doctors-exposing-heart-patients-to-unnecessary-cardiac-procedures>

28 The BackLetter, 1994: 9:85-92

contraptions for the lumbar spine, and the lack of clinically proven success, there should be, perhaps with a few exceptions, a moratorium on unproven invasive methods for the treatment of chronic low-back pain."

This "bad disk" fiasco is promoted by MDs, hospitals, and surgeons who mislead gullible patients in pain and have significantly profited by this outdated concept that may be the best kept secret in medicine and must be revealed to explain why disk fusions have high failure rates and why they are avoidable with chiropractic care.



Here is a short list of studies showing the poor outcomes and high risk of spine surgery resulting in Failed Back Surgery Syndrome (FBSS):

- [Late postoperative results in 1000 work related lumbar spine conditions](#) found 71% of the single operation group had not returned to work more than 4 years after the operation, and 95% of the multiple operations group were unable to work.
- [The Aetiologies of Failed Back Surgery Syndrome: A systematic review:](#) Up to fifty percent of patients will develop FBSS following lumbar spine surgery.
- [The Economic Impact of Failed Back Surgery Syndrome:](#) Estimates from randomized controlled trials indicate that up to 50% of patients may have an unsuccessful outcome following lumbar spinal surgery.

The "bad disk" misconception was addressed in Part 1 of *The Lancet* review, [What low back pain is and why we need to pay attention:](#)

"Disk herniation in conjunction with local inflammation is the most common cause of radicular pain and radiculopathy. Disk herniations are, however, a

frequent finding on imaging in the asymptomatic population, and they often resolve or disappear over time independent of resolution of pain."

According to orthopedist SK Dhillon, the need for spine surgery may be as little as 5% to 7% of all LBP cases, suggesting the unnecessary spine surgeries are more common than most people realize and certainly more than spine surgeons are willing to admit.

More research proof against the "bad disk" hoax came from a systematic review of studies from around the world. In November, 2014, the Mayo Clinic released its review by Waleed Brinjikji, MD, and his colleagues, "[Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations](#)." This Mayo review found a consensus among 33 MRI studies that undermined the rationale for fusion surgery based solely on this 'bad disk' idea that is used to lure unsuspecting patients into disk fusion surgery.

As you can see on the following Table 2 by age 50 in pain-free (asymptomatic) people, there is an 80% chance of degenerative disk disease. However, surgeons fail to mention this is part of the normal aging process to patients thereby leading them to unnecessary disk fusion.

**Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients<sup>a</sup>**

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

Other spine journalists are adding to the chorus of criticism, in particular, editor Mark Schoene, who commented on the Mayo review:

"The largest systematic review to date drives home the point that spinal degeneration visualized on imaging scans often has no relationship to low back pain — and should not be routinely viewed as evidence of the source of low back symptoms."<sup>29</sup>

Indeed, this ruse has been spine surgeons' dirty little secret that has now become an irreversible public nightmare and the biggest expense in spine care. Obviously if the "bad disk" is not the source of the problem, surgical success is unlikely, which explains why 50% develop failed back surgery syndrome.

To illustrate the ubiquitous nature of 'bad disks' in pain-free people, a study at the Sydney 2000 Olympic Games found these elite athletes had a greater prevalence and greater degree of lumbar disk degeneration than the normal population, yet they were the healthiest and best athletes in the world!<sup>30</sup>

According to Richard Deyo in his 2015 Commentary in the *Spine Journal* commented:

"Much of the increase in fusion procedure rates appears to have been for degenerative disc disease (DDD).<sup>31</sup> This has been true despite randomized trials suggesting little, if any, advantage of fusion over well-structured rehabilitation for degenerative discs<sup>32,33,34</sup> and despite high and increasing rates of revision surgery for spine surgery in general.<sup>35,36</sup> Among all patients who undergo lumbar fusion, about one in five will have revision surgery within 10 years."<sup>37</sup>

The public will remain easily fooled as long as they have the mistaken beliefs instilled by decades of bad advice from inept medical doctors misinforming gullible patients about the causes and treatments for back pain such as the mistaken belief back pain is mainly due to a "bad disk" that necessitates back surgery. This is just not true but lives on as an urban legend like alligators in the sewer. Indeed, follow the money, follow the lies, and the "bad disk" lie is among the largest of all told by the medical-industrial complex keeping it alive.

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30 [A Ong, J Anderson, J Roche. A pilot study of the prevalence of lumbar disc degeneration in elite athletes with lower back pain at the Sydney 2000 Olympic Games. Br J Sports Med 2003;37:263-266 doi:10.1136/bism.37.3.263](#)

31 Rajae SS, Bae HW, Kanim LE, Delamarter RB. Spinal fusion in the United States: analysis of trends from 1998 to 2008. *Spine* 2012;37: 67–76.

32 Mirza SK, Deyo RA. Systematic review of randomized trials comparing lumbar fusion surgery to nonoperative care for treatment of chronic back pain. *Spine* 2007;32:816–23.

33 Brox JJ, Sorensen R, Friis A, Nygaard Ø, Indahl A, Keller A, et al. Randomized clinical trial of lumbar instrumented fusion and cognitive intervention and exercises in patients with chronic low back pain and disc degeneration. *Spine* 2003;28:1913–21

34 Fairbank J, Frost H, Wilson-MacDonald J, Yu LM, Barker K, Collins R, for the Spine Stabilisation Trial Group. Randomised controlled trial to compare surgical stabilization of the lumbar spine with an intensive rehabilitation programme for patients with chronic low back pain: the MRC spine stabilization trial. *BMJ* 2005;330:1233.

35 Martin BI, Mirza SK, Comstock BA, Gray DT, Kreuter W, Deyo RA. Are lumbar spine reoperation rates falling with greater use of fusion surgery and new surgical technology? *Spine* 2007;32:2119–26.

36 Martin BI, Mirza SK, Comstock BA, Gray DT, Kreuter W, Deyo RA. Reoperation rates following lumbar spine surgery and the influence of spinal fusion procedures. *Spine* 2007;32:382–7.

37 Martin BI, Mirza SK, Comstock BA, Gray DT, Kreuter W, Deyo RA. Reoperation rates following lumbar spine surgery and the influence of spinal fusion procedures. *Spine* 2007;32:382–7.

The “bad disk” misdiagnosis was the subject of an exposé, “[Highest-Paid U.S. Doctors Get Rich with Fusion Surgery Debunked by Studies](#),” by Peter Waldman and David Armstrong in the *Bloomberg News*, December 30, 2010. Unfortunately, this message remains a secret among surgeons to the public but needs to be retold weekly in the media to overcome the common mistaken belief that “bad disks” are the sole cause of back pain.

Spine surgeons are among the wealthiest of all MDs, hospitals love spine surgeries and pay MDs for filling beds, and Big Pharma, MRI centers, device manufacturers, and considering half of spine surgeries fail, there is a repeat business for all.

The following excerpt from “[Thousands of back pain sufferers given 'harmful' treatments](#)”<sup>38</sup> by Liam Mannix in *The Sydney Morning Herald*, gave a good synopsis of *The Lancet* article:

“Doctors regularly prescribe addictive opioids and potentially harmful treatments including spinal fusion surgery, despite there being little evidence these treatments work. Meanwhile, cheap treatments [chiropractic care] that do work are rarely prescribed.”<sup>39</sup>

In 2018, [Health Waste: Spinal Fusion Added to List](#), published by *The Australian.com* took a swipe at spinal fusions:

- Spinal fusion for unexplained back pain will today be put on the list of unnecessary, wasteful and risky medical procedures, promising patients more clarity over their options and potentially saving the health system tens of millions of dollars a year.
- Experts are alarmed by the trend and, according to one estimate, the surgery cost \$2.3 billion over a 10-year period despite more than half of those operations likely being unnecessary.

If Life U. were to expose this “bad disk” scam, it would be a blessing to the thousands of potential victims of disk fusion surgery. Plus, it would undermine the ethics of spine surgeons at Emory to “Do No Harm”, including Dr. Sanjay Gupta at CNN who has never revealed the seminal research of Dr. Scott Boden at Emory that questioned “bad disks” in patients.

## **7. CHIROPRACTORS REDUCE SURGERY**

Just as MDs have concealed the truth how chiropractors have helped lower opioid consumption and ESI, patients also are rarely told chiropractic care is

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38 <https://www.smh.com.au/national/thousands-of-back-pain-sufferers-given-harmful-treatments-20180321-p4z5h0.html>

39 [Thousands of back pain sufferers given 'harmful' treatments](#) by Liam Mannix, *The Sydney Morning Herald*, 21 March 2018

a viable alternative before spine surgery for many cases of lumbar disk herniation causing radiculopathy:

- 2010: [Manipulation or Microdiskectomy for Sciatica? A Prospective Randomized Clinical Study](#) compared the clinical efficacy of spinal manipulation against microdiskectomy in patients with sciatica secondary to lumbar disk herniation (LDH).  
“Sixty percent of patients with sciatica who had failed other medical management benefited from spinal manipulation to the same degree as if they underwent surgical intervention. Of 40% left unsatisfied, subsequent surgical intervention confers excellent outcome.”
- 2013: [Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State](#)  
Patients whose first provider was a chiropractor, only 1.5 percent had surgery in contrast to 42.7 percent of workers who went through the typical medical system inevitably had surgery.



- 2016: [Chiropractic Distraction Spinal Manipulation on Post-surgical Continued Low Back and Radicular Pain Patients: A Retrospective Case Series](#), James Cox et al. examined 69 post-surgical continued pain (FBSS) patients who afterwards received Cox Technic Flexion Distraction (CTFD). Results showed greater than 50% pain relief following CTFD chiropractic distraction spinal manipulation was seen in 81% of post-surgical patients receiving a mean of 11 visits over a 49-day period of active care. At 24-month follow-up, of 56 patients available, 44 (78.6%) had continued pain relief of greater than 50% and 10 (18%) reported 50% or less relief.

To quote from the Medium article:

“...in the most powerful form, an act of disruptive journalism may disclose important information that is never supposed to reach journalists nor the public. In this case, the value created by disruptive journalism to society is that of **making confidential information available to the public.**”

The public via disruptive journalism must learn spine surgery falls into the same category as stents and bypass surgeries since 50% of cases with a “bad

disk" diagnosis have been disproven by numerous studies to need surgery. Yet it lingers as a "widespread misconception" misleading the public because studies have found "bad disks" in asymptomatic (pain-free) people; they are now chided as "incidentalomas" and as part of the normal aging process like grey hair.

Numerous spine researchers have criticized usual medical spine care, the recent guidelines are also highly critical, but nothing seems to change in practice. Patients are still railroaded to drugs, shots, and surgery and rarely referred to chiropractors due to the lingering chiophobia that permeates the medical profession.

In other words, we cannot expect medical ethics suddenly to change, nor can we hope research alone will win the day or evidence-based guidelines that already promote conservative care as the initial care for nonspecific back pain. Of course, research and guidelines are essential steps in our road to justify our claim to be America's primary spine care provider, but the next step is to win the court of public opinion.

This medical bigotry planted into the American public's mind is a problem also in the mainstream media as the Medium article mentioned:

"Concerning the method/ how journalists do their work, there are questions on whether mainstream media is open, approachable enough for the public to leak/ provide information for reporting, if available."

I have found when I approach the media with information critical of medical spine care, my valued information was met with extreme skepticism by journalists who seem to have prejudged the data because it came from a chiropractor.

This is a big reason why I believe it will take a professional PR firm to place disruptive articles in the mainstream "earned" media. Taking on the medical-industrial complex is a harrowing venture for any journalist, but for a journalist promoting the defamed chiropractic profession is a task above and beyond the norm for PR firms.

The problem remains chiropractors are the only health provider still suffering from a stigma. The F4CP and ACA have done little to resolve this "chiophobia" with any disruptive measures to address this medical bigotry. Instead, they seem to avoid the issue, hoping it goes away on its own, unwilling to make waves.

## 8. BIG PHARMA, BIG BUCKS

It goes without saying as the largest nondrug health profession in the nation that chiropractic should comment about the travesty of Big Pharma, the most ubiquitous advertiser in the nation.

The pharmaceutical industry is pouring billions more into new TV and print campaigns that dominate the advertisements. In 2017, the NY Times published, [\*Think You're Seeing More Drug Ads on TV? You Are, and Here's Why\*](#), revealing 771,368 such ads or 2,113 ads daily were shown in 2016, the last full year for which data is available, an increase of almost 65 percent over 2012.

Making a case for chiropractic must include exposing the ungodly wealth of Big Pharma that has led to the present opioid crisis and lawsuits.

Big Pharma is wealthy beyond the belief of most people and doles out plenty of money to increase its market revenues. Global pharmaceutical sales reached \$1.1 trillion in 2014.<sup>40</sup> It is estimated by 2020 the pharmaceutical market will increase to around \$1.4 trillion.<sup>41</sup>

The top ten Pharma companies in 2013 earned over \$441 billion in sales.<sup>42</sup> Johnson & Johnson was ranked first with a net income of approximately \$16.3 billion. Opioid painkillers for back pain brought in \$17.8 billion, and OxyContin alone made \$3 billion in 2010.<sup>43</sup>

By 2015, Big Pharma spent \$3.7 billion on DTC television campaigns and \$5.2 billion overall including magazine, newspaper, radio, outdoor and cinema ads.

The advertisers of the top 20 best-selling drugs directed two-thirds of their TV ad spending last year on just four networks — broadcast titans CBS (\$511m), ABC (\$296m), NBC (\$250m), FOX (\$128m) and all other TV (\$607m).<sup>44</sup>

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40 Global drug sales to top \$1 trillion in 2014: IMS, Reuters, Apr 20, 2010

41 Statistics and facts about the pharmaceutical industry worldwide, *Statista*, <http://www.statista.com/topics/1764/global-pharmaceutical-industry/>

42 Eric Palmer, The top 10 pharma companies by 2013 revenue, *Fierce Pharma*, March 4, 2014, <http://www.fiercepharma.com/special-reports/top-10-pharma-companies-2013-revenue>

43 Rafia S. Rasu, BPharm, MPharm, MBA, PhD; Kiengkham Vouthy, PharmD; Ashley N. Crowl, PharmD; Anne E. Stegeman, PharmD; Bithia Fikru, PharmD, MPA; Walter Agbor Bawa, MS, PharmD; and Maureen E. Knell, PharmD, BCACP, "Cost of Pain Medication to Treat Adult Patients with Nonmalignant Chronic Pain in the United States," Vol. 20, No. 9 September 2014 *JMCP Journal of Managed Care & Specialty Pharmacy*

44 Rebecca Robbins, Drug makers now spend \$5 billion a year on advertising. Here's what that buys, *STAT*, March 9, 2016, <https://www.statnews.com/2016/03/09/drug-industry-advertising/>

Obviously, the media networks have no interest to expose or criticize the amount of advertisement monies paid to them by Big Pharma despite the implications of their handiwork with a drug culture out of control, whether pushed by “el Chapo” or prescribed by “Dr. Chapo.”

Now the “pill for every ill” mantra has become just as foreboding as climate change due to the lack of governmental action. The US has become the most overmedicated country in history spending \$200 billion per year on unnecessary and improper use of medication, according to a 2017 article in Consumer Reports, [Too Many Meds? America's Love Affair with Prescription Medication](#).

“Many Americans—and their physicians—have come to think that every symptom, every hint of disease requires a drug, says Vinay Prasad, MD, an assistant professor of medicine at Oregon Health & Science University. “The question is, where did people get that idea? They didn’t invent it,” he says. “They were spoon-fed that notion by the culture that we’re steeped in.”

Obviously, people have been conditioned to “believe in drugs” by their “trusted” MDs, pharmacists, and the incessant ads on TV. This unbridled belief has now led to the opioid crisis as well as to the tsunami of spine surgeries.

Can chiropractors put a dent into this Pharmagedon? Yes, for some and No for many. But at least broaching this issue with disruptive PR will begin to give nondrug alternatives to millions of people seeking nondrug answers to their healthcare needs.

But it certainly will gain a lot of publicity simply by raising the issue—is there life without drugs?

## **CONCLUSION: DRAINING THE MEDICAL SWAMP**

It would be shockingly disruptive to quote Donald J. Trump on this matter. He has often spoke of “draining the swamp” and his three Cabinet Secretaries, Mnuchin, Azar, Acosta, wrote a fascinating report to drain the swamp in medical care.

In 2018 the Trump Administration issued a report, [Reforming America's Healthcare System Through Choice and Competition](#), that spoke of draining the medical swamp where outdated barriers have denied patients access to “greater choice, competition, and consumer-directed health care spending”:

“We know the [United States health care system too often fails to deliver the value it should](#). This report identifies barriers on the federal and state levels to [market competition that stifle innovation](#), lead to higher prices, and do not

incentivize improvements in quality. It recommends policies that will foster a health care system that delivers high-quality care at affordable prices through greater choice, competition, and consumer-directed health care spending.<sup>45</sup>

It might get a lot of traction if Life U. were to align itself with this Trump Report. As people seek access to the “best practices” and demand medical freedom of choice, of course it must include full access to chiropractic care.

The Trump Report mentioned the need for “bold leadership” to implement such reform:

“While American consumers and many providers would significantly benefit from the reforms laid out in this report, there are entrenched and powerful special interest groups that reap large profits from the status quo. It will take bold leadership to confront these incumbents and implement reforms...”<sup>46</sup>

The question remains: does the government and Life U. have the bold leadership to confront the regressive medical status quo that continues to attack and limit chiropractic care?

Until we muster such courage, the opioid crisis and unnecessary spine surgeries will continue. Until the leadership gives patients full access to chiropractors and until the media changes its tune to tout rather than torment chiropractic care, we can expect the same warning as we heard from *The Lancet* review:

“Millions of people across the world are getting the wrong care for low back pain.”

With the recent “best practices” and evidence-based guidelines, the facts are clear that chiropractors deserve a place on the front-line treatments for the pandemic of back pain, the leading disability in the nation, workplace, military, and worldwide.

It’s past time for Life U. and the chiropractic profession to stake that claim.

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45 Trump Report, pp.4

46 Trump Report, pp. 4