AGENDA

OCTOBER 7-9, 1983

CONFERENCE ON FUNDAMENTALS

SPONSORS - ACA COUNCIL ON TECHNIC, COLLEGES OF THE CHIROPRACTIC PROFESSION

FRIDAY

9 A.M. WELCOME AND INTRODUCTIONS

GROUND RULES AND SCHEDULE

COLLEGE REPRESENTATIVES - REPORT AND EXPECTATIONS

BREAK

11 A.M. DR. L. JOHN FAYE

LUNCH

2 P.M. AGENDA TOPICS: STATE OF AFFAIRS, OBJECTIVES, DIRECTION

SATURDAY

9.A.M. AGENDA TOPICS: STATE OF AFFAIRS, OBJECTIVES, DIRECTION

LUNCH

2 P.M. DR. SCOTT HALDEMAN

AGENDA TOPICS

SUNDAY

9 A.M. AGENDA TOPICS - CONCLUSION

SUMMARY AND FOLLOW UP

12 NOON - ADJOURN

L. JOHN FAYE, D.C. OCTOBER 1983

In 1963, 2 chiropractic doctors decided to start up a chiropractic college in Britain. They purchased a building and physical assets, but knew they lacked the academics to fill the teaching role; so formed committees to handle that. I was assigned on the committee to prepare the principles and practice component of the new college. Four or five D.C.s of different backgrounds (“upper cervical,” “basic,” “diversified,” etc.) were obliged to make some principle decisions, i.e., To put the chiropractic principles and practice procedures into context of an academic, clinical science, as opposed to trying to present different groups of techniques and forcing the student to make a determination on what kind of a D.C. he was going to be.

The idea was to form a basic science knowledge in the art of chiropractic adjusting and try to teach the student all the components of chiropractic but from the viewpoint of basic science support, understanding when he was into an empirical situation - that it was traditional chiropractic - well tried by practitioners, but not yet fully supported, and being able to sort out the various significances of each technique.

We made a principled decision - that no technic would receive a doctor’s name, so when a student from Denmark wanted to recoil upper cervical, he did not know that this would be a

"Palmer Specific Adjustment." When he learned "Basic," he did not know that it was a "Logan Basic Adjustment." We dropped all that and got down to the basics, i.e., "What do these techniques do?" "What are the principles involved in techniques?" and "How do the principles and philosophy fit in behind them?" The outcome? After six months the students quit and left.

The principle got put to the test - because the instructors couldn't make the transition themselves, their own indoctrinations couldn't help but enter into the teaching picture - so the students got confused. They concluded: "It's better to know one system and know it well and be positive about it, than get a smattering of everything and not know what they were doing." So they left.

The posed question, next: "Do we allow instructors to continue doing these things indiscriminately, contending this to be better than that, or do we let the students start from square one again? We decided upon the latter policy. A new set of students came in, but this time the instructors got together and said, "We can't afford to be individuals any more; we have to get down and discuss: "What are the basic principles of chiropractic adjusting?" "Where are they similar in various techniques?" Where do the techniques differ?" When one differs does it still fit into the basic science model, or does it appear ridiculous?" If ridiculous it was called "impirical." [sic] If it appeared reasonable, but was not supported by research of double blind studies, etc., then it could be accepted as at least being "rational."

This meeting today, I see as much like those we had at night - a few doctors trying to develop a chiropractic principle and practice course for a college, outside of the political pressures that each of you have in North America. I think it would be silly not to address some of those political pressures. In other words, the motives of the learner, the teacher, and the institution, have to be looked at. If an institution by virtue of its external pressures can be kept from delving into the basic principles of adjusting, then you have a problem to be solved, even before starting anything else. If such a problem exists, the faculty alone will never solve it. Decisions will keep getting cut off at the top, based upon a political decision. One faculty member might say, "Yes, we would like to teach that, but that's against the tradition of this college." It may be of interest to quote Grieve: "This subject is apt to be bogged down by tradition and hampered by interdisciplinary tradition." You are translating the jargon of the various schools into a language with a scientific basis." He really attack the problem, doesn't he? You are pursuing such a course with your intended efforts, but you are each presently doing this job of teaching in a certain way. You are making changes, updating, adding new ideas, but quite often there's a tradition in behind you and the financial support to the institution is such that the tradition persists and may very well undermine what this council and this conference wants to do. That problem has to be addressed. It is hampered by those inter-disciplinary contentions. You are translating a jargon - that's why your agenda includes terminology and listings. You are doing this so you can all communicate better. Then, you have to end up with a scientific basis, and that involves the common data base that's so absent, traditionally, relative to principles and practice.

My purpose in being here is to serve as a non-aligned post graduate lecturer to help this conference see the overall picture and put technique priorities into perspective so you do not get hung up on "how am I, or are you, doing it?" but stick at your first meeting, to the basic principles involved in this task. Later, go on to more components of it. At the moment, a student feels that a technique is his brand of chiropractic. That is a basic fault in the teaching of

technique. From my experiment in teaching, traveling, and communicating with students informally, it has been quite obvious to me from these encounters that students are in a position of trying to decide which "brand" of practitioner to become. They almost get to see the technique as chiropractic. It is because they don't understand the rational unifying components to all these techniques. They feel compelled to make these decisions. I think that you department heads must defuse that situation somehow. That doesn't mean you all have to teach the same technique. That's not what I am saying. What I am saying is, you all have to teach the same rationale as the "chiropractic paradigm," i.e., what chiropractic really is, then let them choose the art from that they wish, to get the healing response through their individual application. The rationale should be the same - the art can vary. The principles courses have to be similar. You cannot have two different data bases. Once you start using the same texts and begin to look at the same basic science information, there won't be a lot of difference of conclusions as to what chiropractic is, or what it is trying to achieve. Some may choose to do it one way, some another.

Science, art and philosophy is what we're getting back to. In all science there has to be the "philosophy." The thinkers, "philosophers," are necessary with their abstract ideas, but along behind that must come the data base to reveal the worth of these abstract ideas. That's the way science works. Science cannot exist only with philosophical concepts. Where does this bring us? The term "subluxation" obviously has to be addressed by all of you. We cannot afford to have these static and dynamic definitions varying so much. Some are simplistic, some are complex clinical descriptions.

There has developed a considerable intermingling of students from various colleges and backgrounds; they are communicating today and know what's going on. The concept of subluxation has to be developed so that it fulfills the basic science knowledge. Some concepts taught today do not do that. The student is asked to accept a too simplistic definition.

This brings us to the chiropractic paradigm as a whole. The subluxation is basic to our existence. As chiropractors, we will all agree to that. Without those two ingredients, we would assume a considerably less significant auxiliary medical role. Again, we have conflict. Some colleges teach "spine only"; "no responsibility for health." Others teach "Whole Health - Holistic health care." Are we providing service to get sick people well, as well as prevention? Is the doctor able to assume the responsibility for determining whether or not he has a good chance of influencing the patient's outcome? These problems have to be addressed.

Are technique departments going to be inferring that learning techniques is all that is required? Are you into integrating orthopedic testing, neural testing, the whole neurobiological model, and how that relates to your techniques? You know you can't go into that model, then use semantics and say you're not there. That's a double message for the student. You can't come along and say, "Chiropractors don't manipulate, we adjust" - then start teaching manipulation. When students read standard texts and see stretching, massage, reflex points, and not always a dynamic thrust, you can't just say to them, "that's not manipulation - chiropractors adjust." That's semantics double messages. We are continually giving them to our students. That's the problem of not having our paradigm organized. The fact that you are all here communicating is a phenomenon. I know you have communicated in other matters and on other occasions, but here it is strictly on technique.

How is your program fulfilling those needs? Is it saying one thing, but by its program, doing the other?

What is the motivation of the learner? In talking with students, they often do not see themselves as professionals. They have to go off and take a post-secondary course to get in touch [with] the humanities. Resolution of that problem has to come out of the technic departments and clinics. You can't ask someone with a PhD in physiology to put that into the chiropractic curriculum. Your departments have to be discussing the humanities of what we are doing and making the student aware that what he is getting himself into is service for humans. He is not going to be a technician - this kind of an adjustor or that cracker of backs. We lose our perspective and assume we have the luxury of being this or that kind of a chiropractor. Teachers have to solve these motivations. The instructor policies have to permeate such motivations. We must be candid. If we can't be candid and solve problems, then we have no hope.

The data base - basic science faculty has to understand the paradigm. Please remember I took a full year off in 1975 and devoted it to teaching. I spent seven years teaching in an undergraduate institution at the Anglo College, so I do feel I know your problems fairly well. In my college in 1975 there was no integration of the clinicians talking to the physiologists, or for the neurologists and anatomists; so what is the student finding out? Where is emphasis being place, if the man teaching the subject which support manipulation doesn't know it himself? He can't be expected to contact you. He is probably there through a university program - very strongly medically oriented - you can't become a physiologist and not. If you leave those anatomists and physiologists without giving them the chiropractic paradigm then the student meets the conflict. Students are coming to you with a support orientation need. You tell them to do this, do that. Now he has a conflict. He is used to support. You have to get the basic science data base behind your department - the help of physiologists, neurologists and anatomists. These are huge tasks. But if you pick away at them, it won't be long until you solve them. If you don't get down to the basic conceptual problems which tear at your departments, they will not get solved. They are getting to this at some colleges, I have learned. They tell me they are having fantastic meetings between the physiology departments and the technic departments. One of the reasons for this, in the last ten years, there has been a great expanse of the data base, i.e., "Manipulation" - like that word or not, it's called that in the literature.

There is so much evidence now supporting the biological model - mechano receptors. They have even found just a few months ago, a new nerve at the level of C2 that goes back into the brain and into areas that control muscles down the back. It is not known yet whether it is influenced by manipulation, but things which happen "upper cervically" might be explained by this new information, and so, if we don't keep in touch with the data that is supporting us, then we are going to have students caught in this dichotomy of the science "medical" side of them which they've already learned, and this chiropractic department which you are running that isn't fitting that model that's in their heads.

You might ask where this data base is coming from, and this is frightening - "Common Vertebral Joint Problems" by P. Grieve. I was in England, and I am aware of this man. In England in the late sixties, they formed the "British Society of Manipulative Medicine" - M.D.s and Physical Therapists. They started a research. There are over twelve hundred papers in here that address the problem of manipulation - Neurobiologic and biomechanical - make no mistake,

they are getting into an understanding about how a chiropractor can heal deafness; how a chiropractor can affect migraine. They are in touch with the literature. When you look at their techniques, there's a lot of adjusting in it. They are getting it in as a 3 or 4 year program after graduation in physiotherapy. It has taken just from 1969 to 1983 to bet a similar society going in the United States. You have been cushioned from this; but now you have got it. It is on your doorstep. There are 255 M.D.s in this society in one fell swoop.

What I'm trying to say is, the data base is available and the D.C.s have a traditional method that fits this data base. It is not contrary to it. You cannot afford the luxury of saying you are doing something different. Basic principles of adjusting, I learned to adjust by copying, parrot fashion. A chiropractor came into the class, demonstrated, I learned to mimic it. It hurt. I learned to mimic until it didn't hurt. I had no idea other than there was a positional concept from the x-ray. I was trying to rotate something - reverse it from what I had seen on the x-ray. Nobody mentioned the influence of ligaments, the dynamics of the muscles, the spindle cells, the self-serve system of the mechano receptors of the joints, and all these other things that come into the art of manipulation - so here we get into the principles of adjusting, as opposed to teaching by copying what other chiropractors have done.

That's a horrendous task. No one has yet addressed that problem. Our profession is going to have to do it. Others have started it outside our profession. Do you know that when you do a rotary cervical in the lower cervicals, you actually cause rotation? The cervicals stay forward facing when the neck turns toward the left. You see, we assume, we assume, we assume. We never get down to what it is we are doing because we don't learn the basic principles. Simple questions like that. When you do a rotary on the right, does it move on the left? Is there articular movement on the left or not? Maybe we are moving the joint on the left, not even the one on the right. So until the definition of what an adjustment is, and what its confines are, and you all agree, "these are the components of an adjustment" - "now, what are we doing to teach that?" so the student, when graduated, and ends up I a post graduate situation, a technic peddler's course, or what you care to call it, he can sit there and say to himself, "Is this fulfilling the basic science knowledge I have, or is it nonsense?" He can't do that right now. Believe it or not, he can have a science degree - I've seen it over and over. He can be a university graduate. He can have four years of chiropractic college, and he can sit down and watch a technique being demonstrated, but he just has no criteria upon which to decide: "Is it reasonable or unreasonable?" He is willing to accept hearsay. He is willing to accept even what might appear to be not even supported by the literature. That can only mean that he is not getting the basic principles of adjusting, i.e., "What is an adjustment; what are we affecting?"

What are the effects on ligaments, what are the effects on muscles, or on motion, on position? These are the sorts of things I feel you have to address. The student gets a double message - one supported by science, one by teacher recipes. HE is forced to make a choice. Unfortunately, when he makes this choice, he then also accepts the rationale and the technic he chooses; and that is the dichotomy. The minute he accepts the technic, he also accepts the rationale because he is without one; and that is the disunity among us. I have used lots of upper cervical adjusting. I've worked in upper cervical practices; I understand it from an adjustive point of view. Biomechanically I think I have a good understanding of what it does. It doesn't bother me in the least if someone wants to practice chiropractic adjusting upper cervicals only. It is upsetting if he thinks he is doing something that he isn't really doing. That bothers me. If he has to have his

own set of rules of what manipulation is all about, and they can't be supported by science, and there are other rules for him that can be, then I am saying, "why isn't he willing to look at what he is doing again?" And, unfortunately the message the students are getting from colleges is that you have to choose one of these and stick to it, and that's what it is. They don't see that there are common denominators. I charge that that is the job of the technic departments.

I have come to help you look at this from the outside. Maybe as a devil's advocate - maybe to charge you with what has to be done. It has to be looked at in such a large, over-all perspective. If you only look at the product and look back to see why it's like it is, you can soon see why it has to be changed. Products are the result of what goes on before them.

I think there is a very good model that can be developed. We call it a cybernetic system, if you like. In the chiropractic paradigm, there are a number of these cybernetic systems, and the technic principles and technic department is certainly one of the bigger ones. Diagnosis and the philosophy, the concepts of the practitioner as he sees himself - as technician, as a representative of the health services for humanity, or a football trainer - in whatever way he wishes to place himself- he should see himself as under the whole umbrella of what chiropractic is. To call chiropractic "the removal of interference" (which is a very ambiguous term) by correcting "subluxations," which is just the same ambiguous term - is not going to solve our problem. These terms have to be defined and students made aware of the different components of it.

I put that together in a half hour.

Some of you may want to ask questions of the "outside." Someone said to me the other day (who was high up in chiropractic education) "Why do you think there are so many technic peddlers? Dentists don't have them, medics don't have them, lawyers don't have them, engineers don't have them. The unfortunate, simple answer to that is chiropractors, when they graduate, don't know what a chiropractor is - so they then start a sequence of weekend courses, to try to find out what they are going to be. The simple answer is, "Well, if they had the philosophy, they knew they were removing subluxations or interference, that would solve their problem." That does not solve the problem. They come from a science background now. They are better educated and they have to know what it is they are doing why they are doing it, how often they have to do it. The need now is the developing of the chiropractic paradigm - not unity of technic.