



CONTRADICTIONS

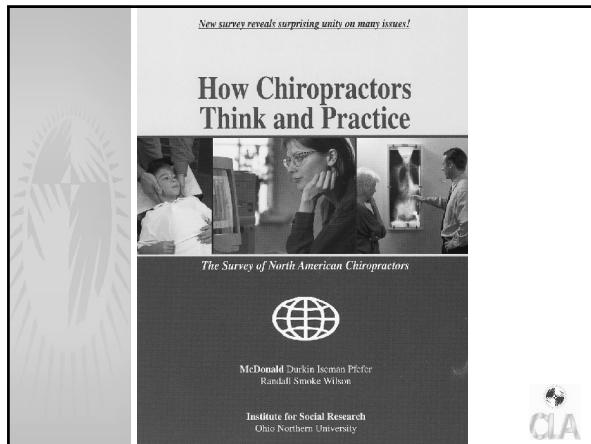
- To achieve **chiropractic greatness**, one must practice living consciously.
- This means (in part) reconciling your actions with your goals and purposes and removing contradictions when you find them.
- So then, let me ask....




3 QUESTIONS

1. WHAT IS THE CLEAR PURPOSE OF YOUR PRACTICE?
2. WHAT IS THE CLEAR GOAL FOR EVERY PATIENT THAT COMES THROUGH YOUR DOOR?
3. WHERE DO YOU WANT YOUR PRACTICE TO BE IN 5 YEARS?









DC Perception

- Offer maintenance/wellness care—93.6%
- The adjustment should not be limited to musculoskeletal conditions—89.8%
- The term vertebral subluxation complex should be retained—88.1%
- Offer nutritional advice—87.7%
- Make exercise recommendations—97.8%

(does heavy reliance on ortho/neuro testing help one reach these goals?)







Orthopedic Tests

"The use of orthopedic tests has been an integral part of the physical examination for a long time. They have remained a part of the examination more by virtue of common use than on the basis of any scientific demonstration of their validity and clinical significance. To make a judgment on the clinical worth of a test, its validity, reliability, sensitivity and specificity should ideally be known. Unfortunately, for most, if not all, orthopedic tests, these measures have not been determined."

Walsh MJ: "Evaluation of orthopedic testing of the low back for nonspecific lower back pain." *JMPT* 1998;21(4):232.







Neurological Tests

"In reality, though, if the patient has no neurological symptoms, including sciatica in the history, the yield of this is close to zero."
Richard Deyo, MD

The search for serious disease: what is the best strategy? *The Back Letter* 2003;18(9):102.







False Premises Result in Flawed Strategies

- Myth—80% of the population has LBP.
- Reality—13% have LBP.
The Back Letter 2004;29:76.
- Myth—Back pain is the #2 reason for doctor visits.
- Fact—One report ranks it number 5, trailing hypertension, pregnancy care, general exams and wellness care, and upper respiratory infections.
Spine 1995;20:11


The most recent report places back pain at #8. *NY Times* 2/9/04






2nd Century Chiropractic Needs to:


- Remove the contradiction of heavy reliance on ortho/neuro based procedures while having a vision of lifetime wellness care.
- Embrace technology that makes us consistent with our intentions and relevant to the culture we live in.
- Upgrade the service and economic models for practice so we may lead the wellness revolution.






CHIROPRACTIC PRACTICE MODELS

LIFESTYLE-BASED
(CASH)
VS.
SUBLUXATION-BASED
(NON-INSURANCE DEPENDENT)
VS.
PAIN-BASED
(INSURANCE DEPENDENT)




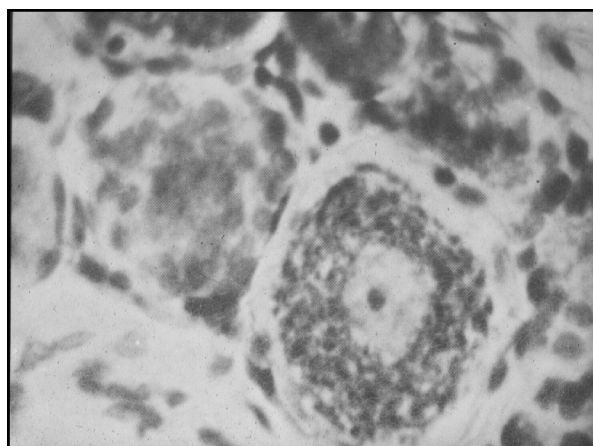


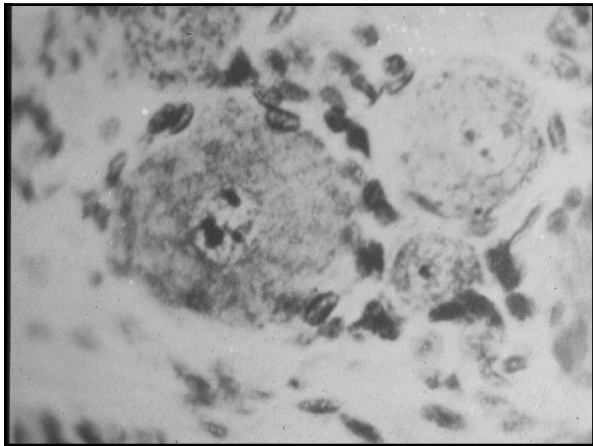
PHILOSOPHY

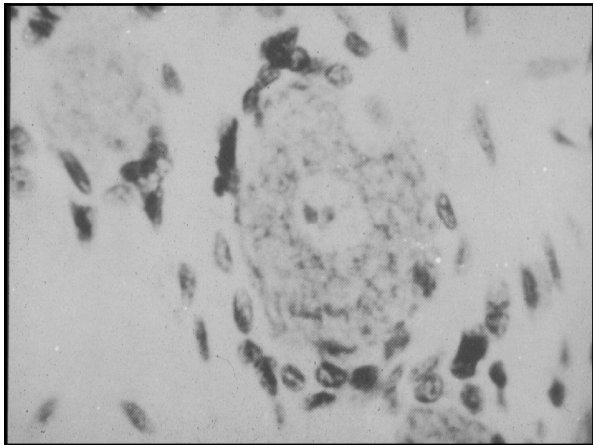
THE STUDY OF EXISTENCE
HAS 5 MAIN BRANCHES:

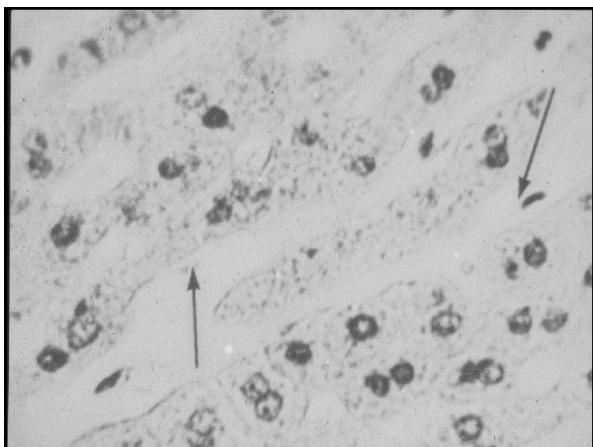
- **METAPHYSICS**
- **EPISTEMOLOGY**
- ETHICS
- POLITICS
- ESTHETICS

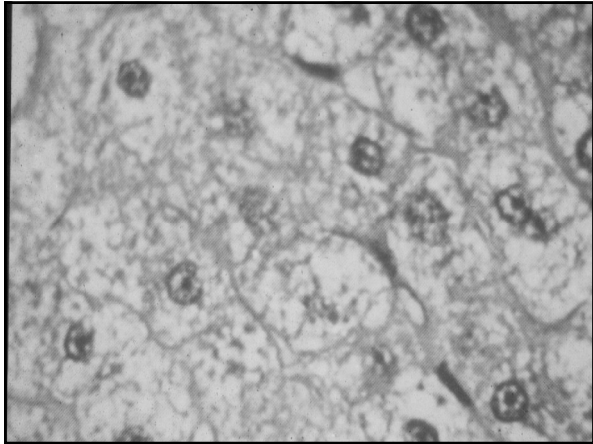


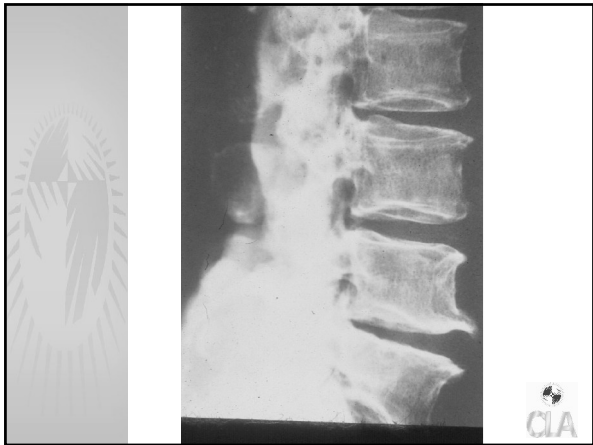


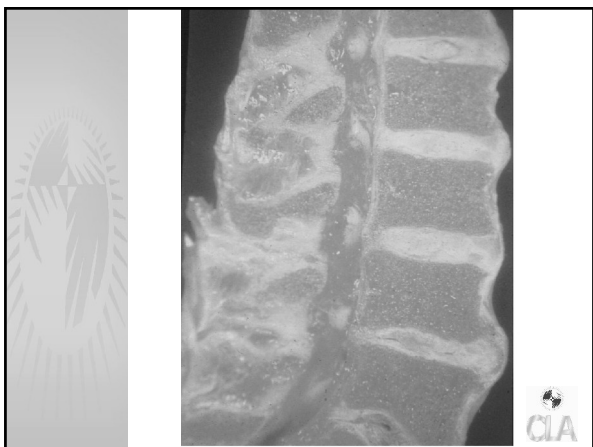


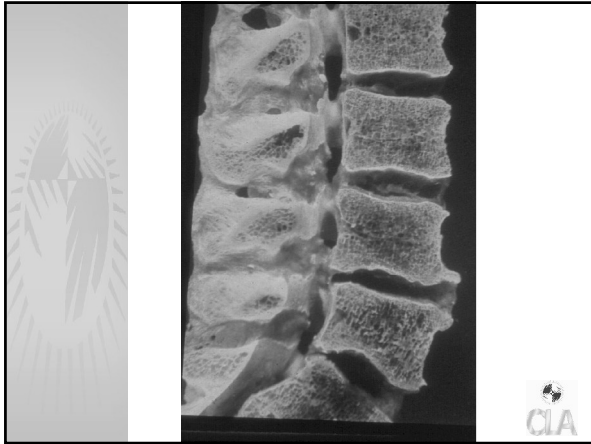


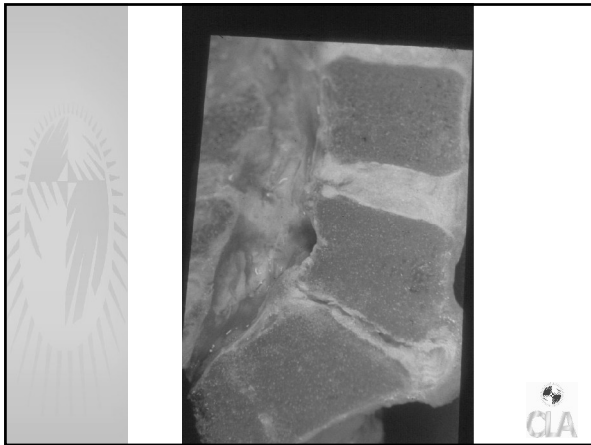


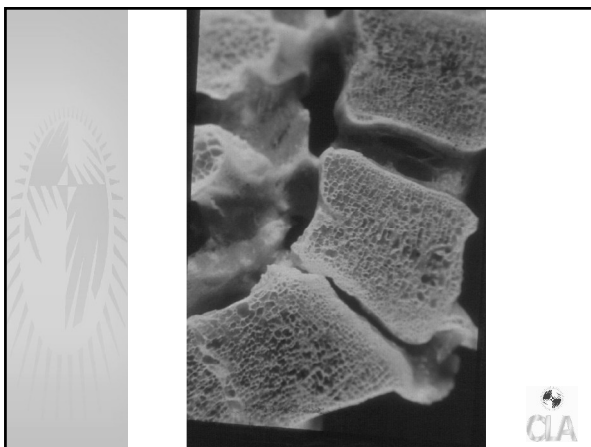


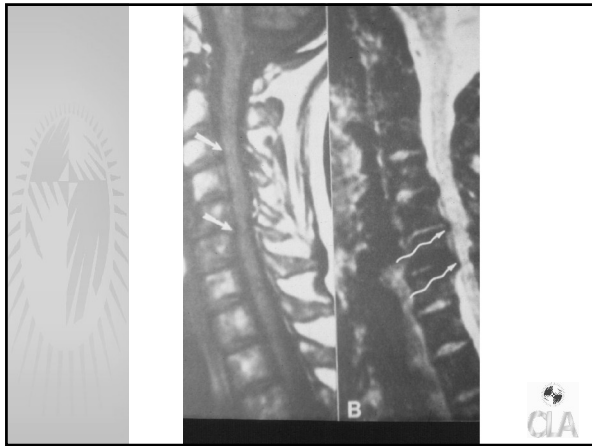


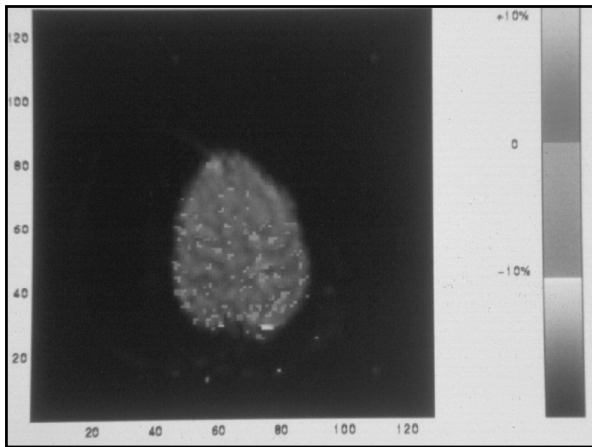


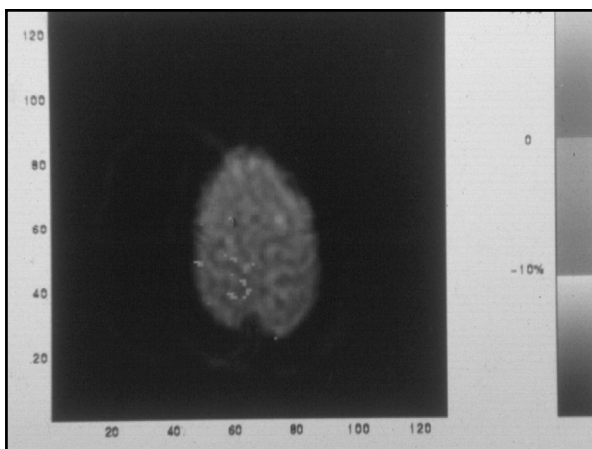




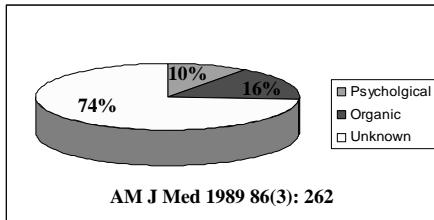








Diagnostic Findings in 14 Common Symptoms



Where is the Wisdom?

David Eddy, M.D., Ph.D.

Only about 15% of medical interventions are supported by scientific evidence... This is partly because only 1% of the articles in medical journals are scientifically sound.

BMJ 1991 303:798



Error in Medicine

Lucian L. Leape, M.D.

Schimmel—20% of patients admitted to a university hospital suffered iatrogenic injury.


Steel—36% of those admitted to a teaching hospital suffered an iatrogenic event, of which 25% were serious or life threatening.

Bedell—64% of cardiac arrests at a teaching hospital were preventable. Most were due to use of medications.

"180,000 die each year partly as a result of iatrogenic injury, the equivalent of three jumbo-jet crashes every 2 days."

JAMA—December 21, 1994, Vol.272, No.23, p.1851







Drug-Related Problems each Year

- Cost as much as \$ 182 billion
- Kill as many as 198,815 people
- Put 8.8 million in hospitals
- Account for up to 28% of all hospital admissions

American Medical News—January 15, 1996—Page 11







Causes of Preventable Death in the United States

1. Cigarette smoking
2. Alcohol
3. Medical malpractice (80,000 deaths per year—one every 7 minutes)
4. Traffic fatalities
5. Firearms deaths

Public Citizen—May/June 1994







Blood Pressure

Yates RG, Lamping, DL, Abram NL, Wright C: Effects of chiropractic treatment on blood pressure and anxiety: a randomized, controlled trial. JMPT 1988; 11(6):484

21 hypertensive patients. T1-T5 adjustments

Systolic and diastolic blood pressure decreased significantly in the adjusted group, but not in the placebo and control groups.







Vision Problems

Terrett AGJ, Gorman RF: the eye, the cervical spine, and spinal manipulative therapy: a review of the literature. Chiropractic Technique 1995; 7(2):43.


Gilman G, Bergstrand J: Visual recovery following chiropractic intervention. Journal of Behavioral Optometry 1990: 1(3):3.






Gorman RF: The treatment of presumptive optic nerve ischemia by spinal manipulation. JMPT 1995; 18(3): 172.

Gorman RF: Monocular vision loss after closed head trauma: immediate resolution associated with spinal manipulation. JMPT 1995; 18(5):308.







Ulcers

Pikalov AA, Kharin VV: Use of spinal manipulative therapy in the treatment of duodenal ulcer: a pilot study. JMPT 1994: 17(5):310.

11 ulcer patients received chiropractic care. They were compared to 24 cases treated medically. The chiropractic group experienced remission demonstrated endoscopically, and pain relief an average of 10days earlier than traditional care.







Dysmenorrhea

Kokjohn K, Schmid DM, Triano JJ, Brennan PC: The effect of spinal manipulation on pain and prostoglandin levels in women with primary dysmenorrhea. JMPT 1992; 15(5):279.

45 Subjects. Experimental and "sham" control group.

Conclusion: SMT may be an effective and safe nonpharmacological alternative for relieving the pain and distress of primary dysmenorrhea.







Infantile Colic

Klougart N, Nilsson N, Jacobsen J: Infantile colic treated by chiropractors: a prospective study of 316 cases. JMPT 1989;12(4):281.

A satisfactory result occurred within 2 weeks in 94% if cases receiving chiropractic care.







HIV

Selano JL, Hightower BC, Pflieger B et al: The effects of specific upper cervical adjustments on the CD4 counts of HIV positive patients. Chiropractic Research Journal 1994; 3(1):32.


Over the 6 month period of the study, the control group experienced a 7.96% decrease in CD4 counts, while the adjusted group experienced a 48% increase in CD4 cell counts over the same period.






Sharpless, SK: Susceptibility of Spinal Roots to Compression Block. NINCDS Monograph 15, DHEW publication (NIH) 76-998, 1975, pages 155-161.


A pressure of only 10 mm Hg produced a significant compression block, the potential falling to 60% of its initial value in 15 minutes, and to half its initial value in 30 minutes. After such a small compressive force is removed, nearly complete recovery occurs in 15 to 30 minutes. With higher levels of pressure, we have observed incomplete recovery after many hours of recording.






Konno S, Olmarker K, Byrod G et al: Intermittent cauda equina compression. Spine 1995; 20(1):1223.


Compression of the nerve roots of the cauda equina with as little as 10 mm Hg resulted in decreased action potentials.







Rydevik BL: The Effects of Compression on the Physiology of Nerve Roots. JMPT January 1992; 15(1), pages 62-66.


Venous blood flow to spinal roots was blocked with 5-10 mm Hg of pressure. The resultant retrograde venous stasis due to venous congestion is suggested as a significant cause of nerve root compression. Impairment of nutrient flow to spinal nerves is present with similar low pressure.







Hause M: Pain and the nerve root.
Spine 1993; 18(14): 2053.
Nerve root compression can exist without pain. Mechanical changes lead to circulatory changes. Inflammatory agents may cause chemical radiculitis. There may be disturbed CSF flow. The influence of the sympathetic system may result in synaptic sensitization of the CNS and peripheral nerves, creating a "vicious cycle."







Wall EJ, Massie JB, Kwan MK, Rydevik BL, Myers RR, Garfin SR: Experimental stretch neuropathy. Changes in nerve conduction tension. J Bone Joint Surg Br January 1992; 74(1), pages 126-129.
At 6% strain, the amplitude of the action potential had decreased by 70% at one hour and returned to normal during the recovery period. At 12% strain, conduction was completely blocked by one hour, and showed minimal recovery.






Bogduk N, Tynan W, Wilson AS: the nerve supply to the human intervertebral discs. J Anat 1981; 132(1):39.
Mendel T, Wink CS, Zimny ML: Neural elements in human cervical intervertebral discs. Spine 1992; 17(2):132.
Bogduk N, Windsor M, Inglis A: The innervation of the cervical intervertebral discs. Spine 1988; 13(1):2.
McLain RF: Mechanoreceptor endings in human cervical facet joints. Spine 1994; 19(5):495.

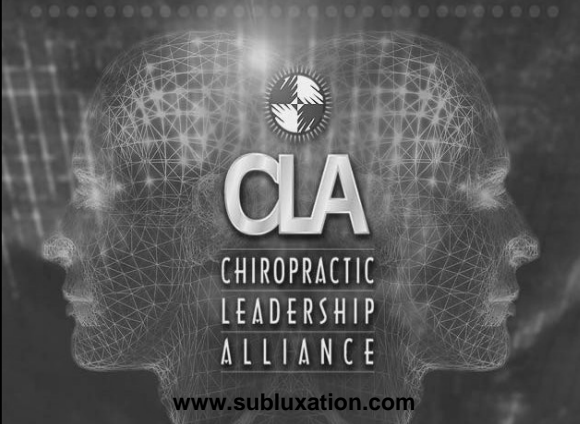





Jiang H, Russell G, Raso J et al: The nature and distribution of the innervation of human supraspinal and interspinal ligaments. Spine 1995; 20(8):869.

Rhalmi S, Yahia LH, Newman N, Isler N: Immunohistochemical study of nerves in lumbar spine ligaments. Spine 1993; 18(2):264.

















WHAT'S A SUBLUXATION???






3 SUB-SYSTEMS OF THE SPINE


- PASSIVE: osseous structures, ligaments.
- ACTIVE: muscles
- CONTROLLING: NERVOUS SYSTEM






SUBLUXATION


A sign that an individual is stressed beyond their limits (G.A.P), not to the point of death, but enough that they cannot fully function. This results in compromised nervous system function that causes spinal misalignment.






Three Dimensional Subluxation


Dyskinesia
Dysponesis
Dysautonomia






DYSKINESIA


Abnormality affecting the performance of voluntary movements.







Dysautonomia

- Autonomic dystonia
- Dysregulation
- Compromised autonomic function







Dysponesis (dis''po-ne'sis) [dys- + Gr. *Ponésis* toil, exertion] a reversible physiopathologic state consisting of unnoticed, misdirected neurophysiologic reactions to various agents (environmental events, bodily sensations, emotions, and thoughts) and the repercussions of these reactions throughout organism. These errors in energy expenditure, which are capable of producing functional disorders, consist mainly of covert errors in action-potential output from the motor and premotor areas of the cortex and the consequences of that output.





Measuring what matters!

Paraspinal EMG Scanning Scientific Documentation


- In Medical/Scientific Literature since 1948
- Reliable
- Published in Peer Reviewed Journals
- Taught at Accredited Chiropractic Colleges
- University Based Research
- Accepted as Evidence in Courts of Law







Muscle Tension

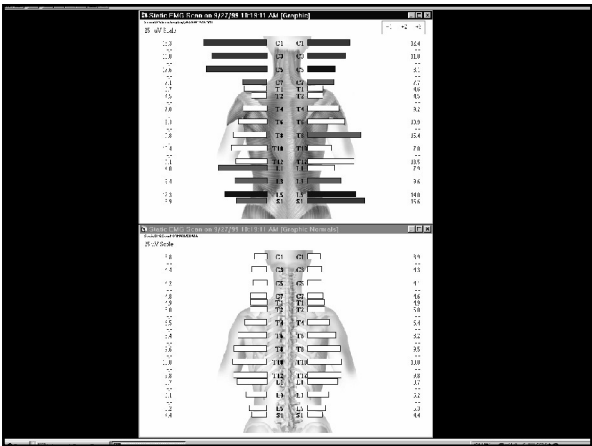
- Palpation: 0.07 to 0.20
Hass—JMPT
1991;14:199.
- SEMG: 0.73 to 0.97
Spector—JMPT
1979;2:214.

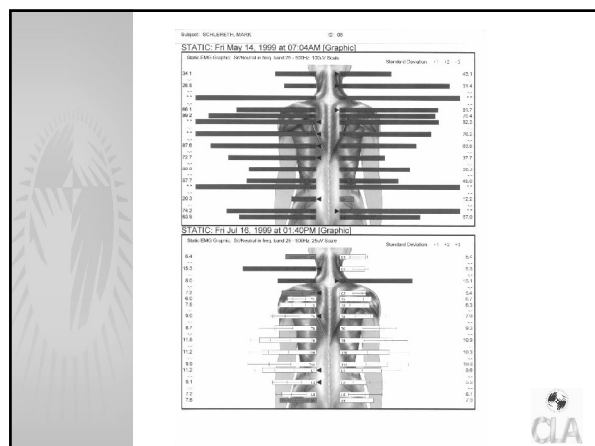


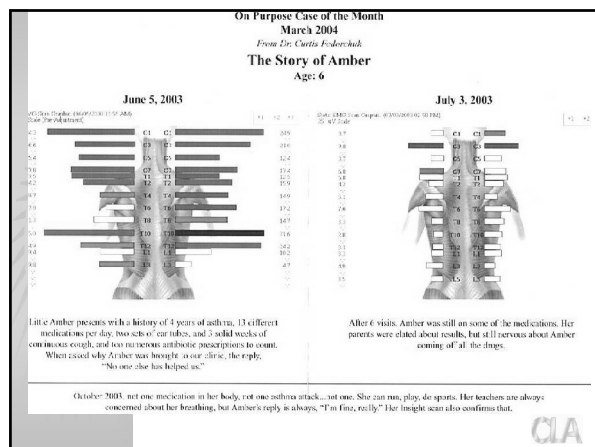


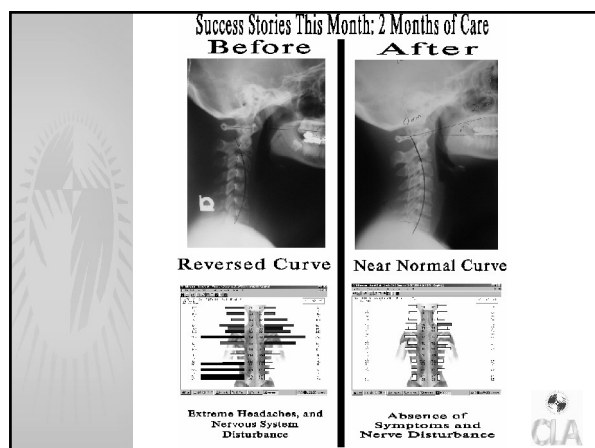
**“THE BIGGEST PROBLEM FACING
CHIROPRACTORS TODAY
IS THAT THEY ARE
SELLING A PRODUCT THEY ARE NOT
SURE THEY ARE DELIVERING!”**

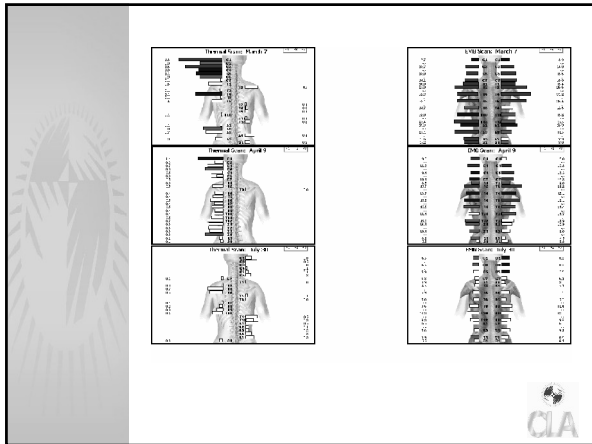




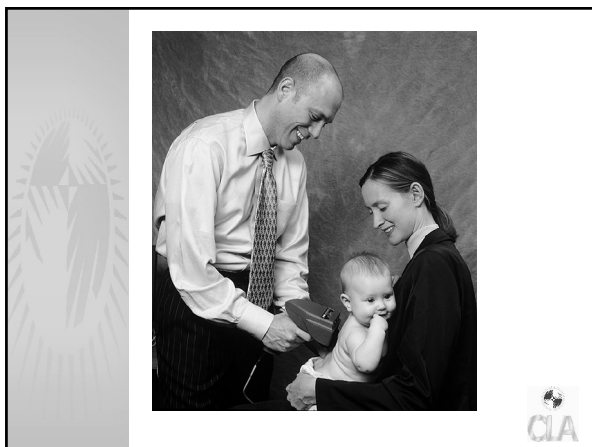










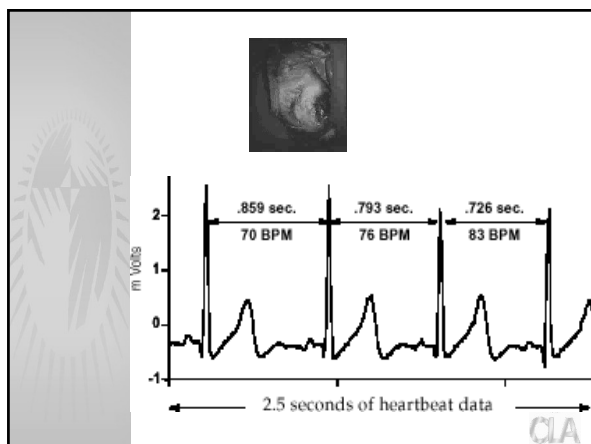


Pulse Wave Profiler

- Uses plethysmograph to evaluate heart rate variability
- Evaluates autonomic tone
- Assesses autonomic balance







Frequency Bands

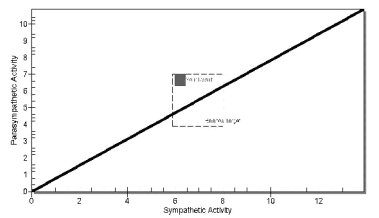
- FFT
Fast Fourier Transformation
- Low
Sympathetic modulation
- High
Parasympathetic modulation



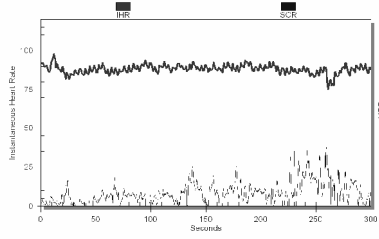
Autonomic Activity Diagram - Sympathetic/Parasympathetic Balance


Sympathetic Response in Normal Range: 103.88
Parasympathetic Response in Normal Range: 84.58(P)

Autonomic Activity Index: 103.88
Autonomic Balance Index: 84.58(P)




Instantaneous Heart Rate Graph






Decreased HRV


- Decreased adaptability
- Increased mortality risk
- Increased risk for arrhythmic events
- Depressed patients with coronary artery disease






Obesity


- Decreased HRV
- Withdrawal of vagal activity
- Increased sympathetic activity
- Over-reactivity

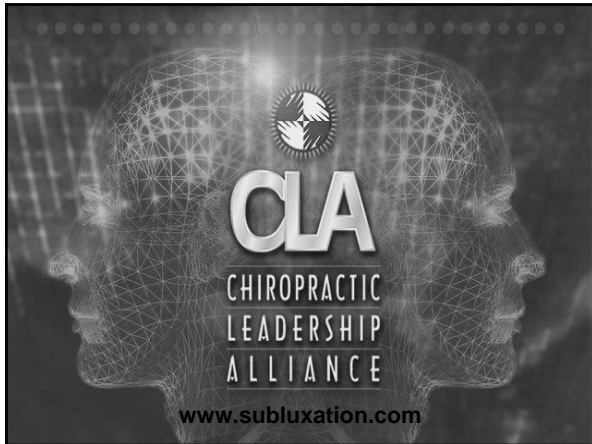





Older Persons

- Decreased HRV
- “Blunted” autonomic response
- Withdrawal of vagal activity
- Aging is associated with a decline in cardiac autonomic control
- Exercise appears to counteract these effects









The Wellness Revolution


Revolution: A radical, fundamental shift in thinking that leads to a movement which changes the status quo.






Where Must the Revolution Take Place?


- In Your Practice
- In The Chiropractic Profession
- In The World





The Wellness Market

- Fractured and chaotic
- No dominant brand
- Schemes, frauds, broken promises and cynicism
- 200-300 billion dollars today
- 1 trillion dollars by 2010






Consumer Trends

- Health Clubs
- Health Foods
- Drinking Water
- Baby Boomers – 1946-1964
28% of our population 50% of our economy






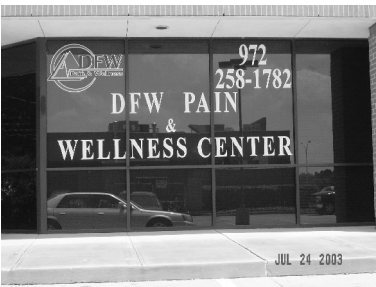

Leading The Wellness Revolution


- Chiropractic – right time, right place, right message
- Wellness is a fraud without chiropractic
- Distribution – a chiropractor in every community
- Your practice – the ‘epicenter’ of wellness
- An international brand of chiropractic in wellness






**The Part Cannot
Contradict The Whole**








**What Parts Add Up to the
Whole?**

- The Nature of Life – Universal, Innate, Mind/Body, Nervous System
- How Do You Define Subluxation and What Causes it?
- How Do You Define Wellness and How Does It Relate To Subluxation?
- What Are The Distinctions Between Maintenance, Prevention, and Wellness?





STRESS: A force that causes change in your life. Can be positive or negative.



Physical

Bio-Chemical

Psychological

The 3 Dimensions of Stress

In order to achieve true wellness we must address all 3 dimensions simultaneously.

Physical

Bio-Chemical

Psychological

The Physical Dimension:

How You Use Your Body

Positive Physical Stress:

- Regular exercise
- Stretching
- Digestion

Negative Physical Stress:

- Sleep deprivation
- Sports injuries
- High blood pressure

Physical

Bio-Chemical

Psychological

The Bio-Chemical Dimension:

What You Put Into Your Body

Positive Bio-Chemical Stress:

- Staying properly hydrated
- Vitamin consumption
- Eating well balanced meals

Negative Bio-Chemical Stress:

- Excessive consumption of alcohol
- Smoking
- Artificial preservatives

The Psychological Dimension:

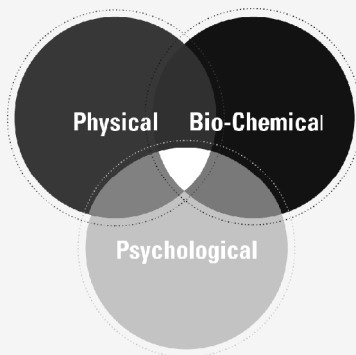
The Mind-Body Connection

Positive Psychological Stress:

- Taking steps toward your vision
- Solving a problem
- Balancing your checkbook

Negative Psychological Stress:

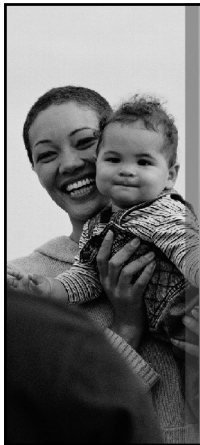
- Financial troubles
- Argument with spouse
- Impossible career deadlines



In order to achieve true wellness all 3 dimensions must improve simultaneously.



Creating Wellness




We define wellness as:
The degree to which an
individual experiences
health and vitality in
any dimension of life.

Creating Wellness

The process of cultivating and
actualizing health and vitality in
any dimension of life.







Creating Wellness

Creating Wellness means:


- Striving for a higher quality experience in some or all dimensions of your life.
- Reclaiming one's life from the 3 dimensions of negative stress, namely physical, bio-chemical, and psychological.






Creating Wellness ...


- Making specific choices and taking action to improve your life.
- Having an increasingly organized and therefore more efficient state of function internally and externally. This translates into more success in your health and life's purposes.






Creating Wellness ...


- Proactively creating new states of health and overall experience rather than maintaining a current state or preventing a future negative one.
- Learning to manage, process and dissipate stress more efficiently.
- Actualizing your potential to reach goals.






Creating Wellness ...


- Improving the function of the nervous system, which in turn improves the connection between the mind and body and lays down the foundation for more efficient function and a higher quality experience in total. This is uniquely accomplished through Chiropractic care.






“Throughout the centuries, there were men (people) who took first steps down new roads armed with nothing but their own vision.”

- RAND





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