

Refined By Fire

**THE EVOLUTION OF
STRAIGHT CHIROPRACTIC**

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**Authority
Phase**

1895 - 1924

**Traditional
Phase**

1925 - 1975

**The
Objective
Phase**

1976 -

12

Development of Modern-Day Straight Chiropractic

**The Struggle for Straight Chiropractic Survival 1979 - 1994
Into The Second Century**

Chapter 12

The Development of Modern-Day Straight Chiropractic

From 1965 to 1973 events within the chiropractic community were occurring so quickly, it is difficult to chronicle them. Government recognition through Medicare, insurance inclusion of chiropractic care which caused many large successful practices, thus attracting students, and new schools beginning made the period eventful. Sadly, one historical phenomena appeared to be repeated. The mixing aspect of the profession was moving ahead with its agenda while the straights were asleep at the switch. It seems that throughout history it has always been more important to the straight aspect of the profession to adjust patients and educate about chiropractic than to control the political process. While this is definitely a more admirable approach, it has put straight chiropractic in a dreaded disadvantage on more than one occasion.

There were many factors that precipitated the evolution by a group of chiropractors from traditional straight chiropractic to the objective modern approach. Clearly the profession was moving in a mixing direction. With the inclusion of chiropractic in Medicare, the chiropractor was designated as a Primary Health Care Provider (PHCP). As far as the federal government was concerned

this gave the profession equal status with medicine. This equality translated to the mixing profession that chiropractors must diagnose diseases and refer those patients to the appropriate physician if they were not able to treat the patient. This, of course, gave greater credibility to the direction that Janse and others were taking the profession. What further legitimized this interpretation of PHCP was the fact that more and more, people were going to chiropractors first. Historically, people sought chiropractic as a last resort, after they had been diagnosed and unsuccessfully treated by all kinds of physicians. There was no need for the chiropractor to diagnose. However, that changed, not only because of the designation "Primary Health Care Provider" but also because of the success that chiropractic was experiencing, the increased numbers of chiropractors making the profession seem more legitimate in the eyes of the public, and the increased advertising and public relations. The traditional straight chiropractor who previously found it unnecessary to diagnose before adjusting the "cause of disease" to "get sick people well," was faced with a dilemma. He had to either begin acting like a medical doctor, that is, diagnosing the disease and referring out those conditions that had passed limitations of matter and needed crisis medical intervention, or he had to find a way to still practice straight chiropractic but in a safe manner. The mixers claimed that the former approach was the only way to go. A letter from David A. Kindig M.D., Deputy Director of the Department of Health Education and Welfare, negated the mixing claim. The letter dated January 30, 1976 said in part,

...there is no intent or authorization to change or even define the authority, scope of practice, or function of the occupation concerned. Therefore, the term 'Primary Health Care Provider' as it is applied to chiropractors has no effect upon statutes and regulations which define or limit the scope of chiropractic, and does not permit them to perform diagnostic examinations of the entire body.

Similarly, this term does not mandate chiropractors to perform diagnostic examinations of the entire body.¹

This letter from Kindig to Reg Gold, then Vice-President of Sherman College, made clear that straight chiropractors did not have to diagnose. But it did not give traditional straight chiropractors an optional way of practicing. If you are taking care of patients to treat their disease or to treat the cause of their disease, there is a moral obligation to inform that patient whether your care can ef-

fectively do what it is intended to do, at least with a reasonable degree of certainty. Anything less constitutes malpractice, something that was becoming much more common for chiropractors in an increasingly litigious society. To tell the patient whether he or she can expect to get well you must have some prognostic skill and some diagnostic skill, something most straight chiropractors at the time did not have because it was not necessary and because it was philosophically inconsistent with traditional straight chiropractic care. We cannot second guess whether the innate intelligence of the body can heal a disease.

A second and perhaps the most important precipitating factor in the development of the Objective Phase of Straight Chiropractic was the accreditation issue. It is likely that straight chiropractic would have moved into the third phase very soon without the accreditation factor but it surely hastened the process. Accreditation had never been a terribly important issue to the chiropractic profession. The traditional straight schools (ICA) had their accrediting agency which was the ACC. It originally had been the Associated Chiropractic Colleges of America, then became known as the ACEI, Allied Chiropractic Educational Institutions. Apparently this agency, because of its independent position, eventually faded away. In 1970 the Association of Chiropractic Colleges was formed by ICA people, but it was made an independent organization. The mixer schools had their own accrediting agency which was an arm of the ACA, the CCE, which had been formed by Nugent and his followers. However, in 1971 it was incorporated as an independent organization.² For a number of years both organizations and agencies functioned well, accrediting their respective schools. As chiropractic education became more lengthy, it obviously became more expensive for the student. With the move by the mixers to be more medical and the need for the straight schools to keep up to some degree, the cost of education rose. Laboratories, cadavers, and Ph.D.s cost money. The cost of chiropractic education through the sixties was relatively inexpensive (in 1965 approximately \$1,000 a year for tuition). In the seventies it began to balloon. In chiropractic colleges in 1979, 68.2% of the college's income was derived from tuition and fees as compared to only 4% in medical colleges.³ Most medical schools receive public funds for their operation. About this time the idea of subsidized higher education came into view. Guaranteed student loans became a necessity for almost every student with the increasing costs of education. The relatively low interest made the borrowing of tuition money even more attractive. These loans were backed

by the federal government. However, the government needs assurance that there is a reasonably good chance the money will be repaid. Therefore, they want some assurance that the education will provide the student with an opportunity to earn a good living. Rather than have to evaluate every school, the federal government (initially the Office of Education [USOE] of the Department of Health Education and Welfare [HEW]) approved accrediting agencies. Eventually, Education had its own cabinet post (DOE), that evaluated accrediting agencies. So accreditation for chiropractic colleges was merely for the purpose of student loans. Of course, the profession hoped that eventually the colleges themselves would receive government grants (highly improbable in a medically-dominated environment).

Chiropractic, with its continuing low self-esteem problem, began to place more emphasis upon the government recognition of an accrediting agency than perhaps it should have. State boards considered allowing students to sit for examination only if they graduated from a college accredited by an accrediting agency, recognized by the Federal government. Both the straights' accrediting agency (ACC) and the mixers' (CCE) had sought this Federal recognition in 1973. They were both denied. The basis for their denial is not definitely known, but it could be assumed that it was because the Federal government did not want to recognize two accrediting agencies for the same profession. This conclusion makes sense. The government's understanding of an accrediting agency is not political or philosophical. Its purpose is to insure that the schools are teaching what they say they are teaching and teaching it well, and further, to assume that the graduates will be able to use their education to earn a living (and pay back the student loan). Lastly, the accrediting agency is to help the schools in this process, not just evaluate them. With this understanding of the accreditation role on the part of the government and their ignorance of the heated battle between straights and mixers that had been going on for over half a century, it is easy to see their desire for one accrediting agency. Further indication of the desire by the feds for one accrediting agency is that after both were denied approval by USOE, both agencies entered into a binding arbitration agreement to form one accrediting agency.

"The Committee for binding arbitration of the ACC and the CCE met at the Sheraton O'Hare, Rosemont, Illinois on November 10-11, 1973. The purpose of this meeting was to establish a single accrediting agency for chiropractic education acceptable to the United States Commissioner of Education of the U.S. Office of

Education, a division of H.E.W."⁴ How much of a meeting of the minds occurred is unknown except to the parties involved. There appears to be very little in the way of discussion. Rutherford, who was president of the ICA and a strong proponent of straight chiropractic, maintains that the government wanted the accrediting agency to confine its involvement to "chiropractic principles and practice" and "adjunct" programs should not be included or accredited. We must understand that the mistrust between both factions has existed for as long as anyone practicing at the time can remember. The mixers are afraid that the straights will prevent them from incorporating mixing procedures into their practices. The straights, on the other hand, fear that the mixers will pass laws forcing them to perform medical procedures. And, of course, both sides see the other as a dangerous way to practice chiropractic.

For some unexplained reason the following year the CCE re-applied to USOE for recognition, submitting almost the identical application that had been denied the year before. Did they ignore the binding arbitration and act in an unethical manner? Did the straights know that CCE was re-applying? Were some in the ACC agreeable to CCE becoming the only accrediting agency? Did the USOE realize that the CCE application was not a compromise within the entire profession? All of these questions and others were and still are largely unanswered. But it didn't matter, the mixers were accepted and the straights were on the outside looking in! The CCE was in control and the straight schools were at their mercy. Panic began within the straight chiropractic community. The straight colleges began applying to CCE. At this time there was only Palmer, the two Clevelands and Sherman. Logan by this time was already sitting on the fence waiting to see which accrediting agency would get federal recognition. Columbia had been sitting on the fence for years. Ernest Napolitano had replaced Frank Dean, the school's founder, after his death. Dr. Napolitano was the consummate politician. Over the years the school had gone from being ICA to ACA approved, depending on the circumstances. But at this time Columbia was not committed to the straight philosophy. After the CCE recognition no straight school was any longer committed to it.

In 1975 Logan College included physiotherapy in the curriculum.⁵ The following year the ICA, traditionally the straight organization, voted to give \$60,000 to the CCE and was given a seat and a vote in the association. On August 17, 1977, the Board of Trustees of Palmer College voted to establish a physical therapy clinic at Palmer college. The lone dissenting vote was Leonard W. Ru-

therford, D.C. He subsequently resigned his position on the Board of Trustees. He was one of the few remaining men of integrity within the traditional straight chiropractic movement. There was no doubt in anybody's mind by this time which direction the profession was going. It took just three years from the time of CCE recognition by USOE for the Fountain Head of Chiropractic to add physiotherapy to the college. There were various attempts by the traditional straight chiropractic community to salvage the schools and the future of the profession. An ad hoc committee was formed in the ICA in 1976 to investigate the possibility of another accrediting agency. But this committee was within the Representative Assembly, a relatively powerless group, compared to the Board of Control and the Executive Committee, both of which were committed to the CCE. Sherman College made an effort to maintain their straight position and also apply for accreditation by the CCE. A site visitation team was sent to the school. However their report indicated that Sherman College's curriculum was inadequate "to prepare the doctor of chiropractic to diagnose, including spinal analysis, and care for the human body in health and disease, and consult or refer to other physicians." Sherman College had no intention of adding diagnosis or physiotherapy to the curriculum to the degree the CCE desired and their application was withdrawn.

In August of 1976 while the ICA was voting to accept a seat on the CCE, a group of chiropractors were meeting in the Clayton House in Davenport, Iowa, just across the river from the ICA convention. They were forming a new chiropractic organization which would be called the Federation of Straight Chiropractic Organizations (FSCO). The purpose of the organization was to represent straight chiropractic, the assumption being that the ICA had compromised their position as the spokesman for the straight chiropractic profession by aligning themselves with the CCE, an accrediting agency that was started by the mixers, controlled by the mixers and had as its objective the perpetuation of the mixing objective of chiropractic. The FSCO's purpose was to coordinate the activities of straight organizations within each of the states. The structure of the organization was set up so that a representative from every state's straight organization would sit on the Board and there would be at-large Board members also. Reg Gold chaired this initial meeting in Davenport and became the Executive Director of the FSCO as it became known.

"Reggie," as he is known, was originally from Great Britain and a graduate of Palmer where he was Valedictorian. He earned



Figure 12.1 *Reginald R. Gold, D.C. The Communicator of Straight Chiropractic*

his Ph.C.^a by writing a thesis on *The Triune of Life*. After graduation he began practice in Spring Valley, New York, a suburb of New York City. After opening practice he began to teach part-time at Columbia Institute of Chiropractic (now New York Chiropractic College) located at the time in mid-town Manhattan. After leaving the school over philosophical differences (Columbia was moving in a mixing direction), he became a popular speaker in the Northeastern United States. He eventually became one of the most popular speakers on the D.E. program until 1971 when a split between Sid Williams and him took place. It was again over philosophy. Reggie was vocal about non-straight chiropractors on the speakers' platform at D.E. and made his displeasure known to his audience. Sid would not accept his criticism of other speakers. Two years later Reggie left what was one of the largest volume practices anywhere in the world and relocated in South Carolina to assume the vice-presidency of Sherman College and to teach philosophy. Reggie is without doubt, the most articulate speaker in the objective straight chiropractic movement today. He is one of, if

^a Ph.C. Chiropractic Philosopher. This degree was awarded for writing a thesis. In later years it became more of an honorary award and none have been granted since 1968. "The Ph.C. Degree: An Affirmation of Chiropractic Philosophy, 1908-1963." *Chiropractic History* 8.1:11-13.

not the major force, in the development of modern-day objective straight chiropractic.

A very significant discussion took place, which to many seemed unimportant at the time, but which would create the basis for modern-day straight chiropractic. Among the group of chiropractors was Burl Pettibon, D.C. from Tacoma, Washington. Dr. Pettibon, a 1956 Cleveland College graduate (K.C.), had developed the Pettibon Method of X-ray Analysis and Cervical Instrument Adjusting.⁶ There was a good deal of discussion at the time over the use of hand-held instruments. Traditional straight chiropractic still held to B.J.'s definition of chiropractic, "Chiropractic is a philosophy, science and art of things natural; a system of adjusting the segments of the spinal column by hand only, for the correction of the cause of dis-ease."⁷ While in practical application traditional straight chiropractic was ignoring this definition, Dr. Pettibon wanted assurance that the FSCO would accept his instrument. Many saw the organization as a "Reformation" in chiropractic, getting back to the ideas and objectives of B.J. Palmer which the ICA and the "CCE straight" schools had recently abandoned. There were some in the formational group who held that "hand only" was there for a purpose, that B.J. had rejected the use of instruments for adjusting.⁸ After some spirited discussion it was decided that the organization was going to define chiropractic by its objective rather than a traditional definition. With that decision, Dr. Pettibon and his instrument were accepted but more importantly the precedent was set that chiropractic would not be defined by a traditional definition or that the definition would necessarily be unchangeable but that it would reflect the objective of the straight chiropractor, to correct vertebral subluxation so that a state of ease could be restored, that is, the innate intelligence of the body would be able to be expressed a little more fully.

The creation of the FSCO had repercussions within the chiropractic community. The mixers, of course, had mixed emotions. They saw it splitting the straight community. Most of the FSCO membership had been members of the ICA. This would further weaken the ICA. But, on the other hand, there was a new organization of straights led by very radical, very articulate Reg Gold, who would be a thorn in their side. The formation of this new organization had come when they had almost gotten the ICA to come to the CCE for acceptance. The ICA, however, saw only negative in the FSCO. It would surely affect their membership. What was worse, the FSCO would be a reminder to them of what they should be, what the ICA had been under B.J. Palmer, John

Q. Thaxton, Leonard Rutherford and William Day. The FSCO had been formed because the straight profession believed that the ICA had failed them. It should be noted that some of the people who joined the FSCO were at the time in positions of leadership in the ICA. They included Representative Assemblymen Ray McPike (KY), Joe Flesia (RI), Ron Aragona (NH) and myself (PA). Reg Gold had held the position of chairman of the ICA's Representative Assembly. A number of chiropractors maintained their membership in the ICA as well as the FSCO for various reasons. Some felt that they could still influence the ICA back to a straight position, others had a sentimental attachment to the organization that B.J. started and others still had close friends in the ICA.

On December 4, 1976, Sherman College of Chiropractic officially changed its name to Sherman College of Straight Chiropractic. That change was not without some repercussions within the straight chiropractic community. Some chiropractors felt that the term "straight chiropractic" was redundant, that only straight was chiropractic. They felt that by using the term "straight" they were acknowledging the fact that mixing chiropractic or any other approach to chiropractic was legitimate. While that was philosophically a valid point, the fact was that mixers represented the largest percentage of the profession, they had schools, organizations, and a fully recognized accrediting agency. What's more, there were schools like Palmer and organizations like the ICA which had traditionally been straight and yet no longer held to the tenets that were clearly identified as straight. There needed to be some way in which the objective straight chiropractors could be identified and separated from the traditional straights. The term straight seemed to be the best, although in future years this movement would be called by some, the "super straights," a rather silly term. "Straight" is an absolute. Either you are straight or you are not.

In July, 1977 a second straight chiropractic school was added to the movement. ADIO Institute of Straight Chiropractic was incorporated in Pennsylvania that month and opened its doors January 4, 1978. The school opened in Levittown, Pennsylvania, largely because of the enthusiasm and efforts of a number of young chiropractors who had attended the May 1977 Lyceum at Sherman and talked Reg Gold into coming to their area to be the president. It may have been that Reg Gold talked Tedd Koren, D.C., a recent Sherman graduate, Dave Blessing and Cy Hoagland, D.C. into starting a school. Whichever the case, a second school was needed and Eastern Pennsylvania was an excellent location. The New York, New Jersey, Pennsylvania area probably

had a greater concentration of straight chiropractors than any other area of the country. Pennsylvania had a strong state organization, the Chiropractic Fellowship of Pennsylvania, which was started by Clark Rich (a Palmer graduate, who is one of the finest gentleman, and most dedicated straight chiropractors in the profession) and a number of others including Wes Trout, the founder of the Living Principles Program, also a principled individual who would a few years later identify his program with the straight movement despite the economic hardship and negative public relations that it would bring him. Men like these in Pennsylvania and individuals in New Jersey like Gabe Ricciardi and Joe Donofrio provided a base the college needed. Dr. Ricciardi would eventually serve as president of the FSCO and Dr. Donofrio as the chairman of the board of ADIO, and later, Sherman and the FSCO. This core of straight chiropractors was there also in no small part due to Reg Gold's presence in the New York area for many years. Reggie had held monthly philosophy sessions at his home in Spring Valley almost from the time he was on the faculty at Columbia in 1965 until leaving for Sherman in 1973. Eighty to a hundred or more chiropractors, spouses and "significant others" would show up in this southern New York town each month to hear Reggie teach philosophy. That foundation of philosophy created the environment and support for another straight school in 1977.

Six months after ADIO opened its doors, in June of 1978, the Straight Chiropractic Academic Standards Association (SCASA) was incorporated in Pennsylvania. SCASA joined the FSCO, Sherman and ADIO as the fourth wheel in the machine that would be the modern-day straight chiropractic movement. A national organization with objective straight chiropractic as its focus had been formed. Two chiropractic schools which identified themselves as straight and held to that objective were functioning, and an accrediting agency that could represent that unique objective was now in existence. That was only the beginning. The schools had to survive outside the control of the CCE and they needed to be accredited by an accrediting agency which itself needed to have recognition by the USOE to make its accreditation worthwhile. With all these difficulties and concerns, many people wondered if it would not be just as easy to become CCE schools. Other schools were maintaining they could stay straight, that they had stayed straight. What's more, they maintained that their approach to the practice of chiropractic, the traditional approach, was straight chiropractic.