

## Is Subluxation Our Worst Enemy?

Four years ago, we commented<sup>1</sup> on suggestions that chiropractic terminology be changed to strike *subluxation* from our lexicon. Over the past few months the internet has been abuzz once again with comments about *subluxation* issues—not only whether we should call the lesion most commonly treated by chiropractors something else, but some more probing questions, such as the impact on the profession of some chiropractors using *subluxation* to justify questionable practices,<sup>2,3</sup> whether *subluxation* as historically understood even exists, and if it does, whether it is clinically significant.<sup>4</sup>

As chiropractors rapidly approaching our 50-year practice milestone, we are in a position to have seen most of what is good, bad and ugly about our chosen profession. When we were chiropractic undergraduates nearly a half century ago, we accepted what we now appreciate was largely dogma, as largely factual. Even during our student days, however, we had a stern object lesson on how overconfidence in the “wonders of chiropractic” might prove to be fatal. When a fellow student had a severe attack of appendicitis, the student clinician in charge of his regular chiropractic care was persuaded by his faculty supervisor that the appendicitis was subluxation-related and told to continue adjusting his patient for the appendicitis instead of encouraging him to seek medical care. The fact that this student survived the appendicitis to graduate and practise chiropractic was due more to his own good sense than to the interventions at the student clinic.

The often spectacular results we achieved in practice through chiropractic care persuaded us that “chiropractic works” and reinforced our belief in the truth of historical chiropractic philosophy. The fact that many of our patients had come to us because the best medical care had failed to help deepened our confidence in the value of chiropractic. Amid the brilliant successes, however were mediocre results and even total failures with cases that seemed, on the basis of our findings, just as likely to respond well. In those early years, it didn’t occur to us to question the validity of the subluxation construct, and any suggestion that *subluxation* had little or no relevance to *dis-ease* was dismissed as medical malice.

Times have changed, and so must our thinking. Today we have better evidence that spinal manipulation, especially chiropractic adjustment, has significant value in addressing a range of clinical presentations, however the existence, properties and clinical relevance of *subluxation* remain largely untested, though not untestable. Why are we not pouring more of our energies into subjecting our cherished notions to the methods of science for the purpose of improving the reliability of our practice? Why are we preaching these notions as gospel rather than admitting that they are merely tentative explanations?

Concerns have also been expressed<sup>e.g.2</sup> about how professional unity might, if the net of inclusion is cast too wide, allow the minority of hucksters in our midst to damage the reputation of ethical chiropractors by their abuse of the concepts of *subluxation* and *wellness* to fill their waiting rooms and line their pockets. Though excessive monetary gain may not always be the prime motive, exaggerated claims, discounts, prepayment and giveaways, whether in advertising<sup>e.g.5</sup> or in conversations with patients, project an unprofessional image that the public and others in health care associate with chiropractors, which stands to impede the advancement of our profession.

After 50 years in this profession, our confidence that chiropractic has something of great value to offer that other disciplines do not remains undimmed, but we have become more realistic about its limitations than we were when we entered college in the mid-1950s. Chiropractic philosophy has served us as an amazingly reliable compass in clinical decision-making so long as it is harnessed to common sense and the best evidence available. Though medical and community attitudes toward chiropractic have improved over the years, we continue to be frustrated by an unlevel playing field and saddened that this is partly due to the behaviours and attitudes of some in our profession.

This June, the World Federation of Chiropractic General Assembly ratified a statement on Chiropractic Identity that had taken an international working group two years to develop. This was an important step toward presenting the chiropractic profession positively and coherently to the public worldwide, but if we are to be trusted as well as understood, we will need to earn the moral authority by universally agreeing to raise the bar in research, practice and ethics. This will demand a mighty effort across the board and may require us to make some excruciatingly difficult decisions. Are we up to it?

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