Newsletter and Information Resource of the Palmetto State Chiropractic Association

PSCA
Palmetto State Chiropractic Association

TONE

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tone /ton/ - 1. general character; attitude 2. giving greater strength 3. harmonize

JUNK DNA: FOLLOW THE SCIENCE

Bill Decken, DC, DPhCS
Family Straight Chiropractic
(864) 574-8047

We have been told to follow the science a lot recently. When one is concerned about health or disease we are to look to the science, even if there is history demonstrating science to be wrong. Consider Francis Collins, who wrote *The Language of God* in 2006. It became a *New York Times* best seller; Collins was then Director of the National Human Genome Research Institute and nominated by Barack Obama to head the National Institutes of Health (NIH).

"There is purpose to every aspect of biological life."

Collins claimed in his book that 45 percent of the human genome is made up of "junk DNA," what is more scientifically referred to as *ancient repetitive elements* (AREs). C'mon, you know it's not real unless there is an acronym. Junk DNA presupposes that not all DNA in the body serves a purpose, and some is in fact left over from earlier life forms, much like trash alongside the road. In a speech about his book in 2015, Collins changed his tune. He thought it was arrogant to think science could just throw out parts of the genome simply because they didn't know what those genes/parts did or how they contributed to function in the body. (Olasky, M., July 9, 2016.

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**"We've come a long way and we still have a ways to go.
The biggest danger is that some don't know from whence we came." – James Wells**

STROKE, DISSECTION & CHIROPRACTIC

Matthew McCoy DC, MPH
matthewmccoy@comcast.net
CEO & Co-Founder
ChiroFutures Malpractice Program
http://www.chirofutures.org

What you need to know & what you need to do

An allegation that you, as your patient's chiropractor, caused or contributed to a dissection or stroke is unfortunately possible. These claims involve high dollar demands and can be difficult to defend. Our purpose here is to help YOU avoid this potential claim.

The issues surrounding chiropractic and vascular injuries such as dissection and stroke are complicated and nuanced. Even the seasoned chiropractor with years of education and experience caring for thousands of patients tends to get confused by all the information in the literature and popular press. What is the bottom line for the practicing chiropractor? What do you need to know and what do you need to do when it comes to the stroke issue?

Ultimately the Bottom Line is This…

There is no human, experimental evidence that chiropractic adjustments or neck manipulations are causally related to strokes. The claims and statements that have been made and that have been interpreted by plaintiff attorneys and plaintiff experts to contend a link are based largely on case controlled studies.

A multitude of systematic distortions (biases) may effect conclusions drawn from case-control studies. Other criteria must be used to determine whether an association is actually causative because an association, no matter how strong, does not prove causation. At this point in time due to the rarity with which vertebrobasilar accidents occur, experimental evidence in humans and prospective cohort studies examining the hypothesis that chiropractic adjustments cause stroke - do not exist.

A risk should be disclosed if a reasonable patient, in what the doctor knows or should know to be the patient's position, would be likely to attach significance to the risk or cluster of risks in deciding whether to forego the proposed therapy. Patients and doctors must make this decision based upon appropriate information.

Here is What You Need to Know…

You need to be aware of the clinical issues surrounding a potential dissection or cerebrovascular accident. In our experience, claims that chiropractors caused a stroke are really a timing issue – this is known as temporality. In other words, the patient was already in the midst of a dissection or stroke or was going to have one anyway and just so happened to have seen a chiropractor during that time frame.

The good news is that this is exactly where you can reduce the risk that you will be accused of causing the event and perhaps help your patient avoid the devastating consequences of a dissection or stroke.

Here is What You Need to Do…

You probably remember being told over and over again in school and in continuing education programs that you always need to be considering cancer, infection and fracture in patients presenting to you for care – especially if those patients are in pain. Add one more critical item to that list: Vascular problems.

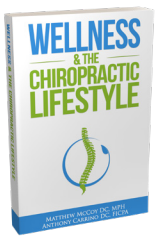
When you have a patient come in to see you complaining of head, face and/or neck pain (especially pain that is different or more severe than they have had before), dizziness, blurred vision etc, take an alternate approach. You need to differentiate this pain from the garden variety mechanical neck pain and/or cervicogenic headache. This patient could be presenting a potential dissection or impending stroke. How do you do that?

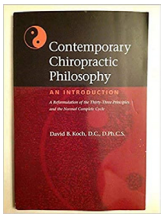
Stop, Look, & Listen . . .

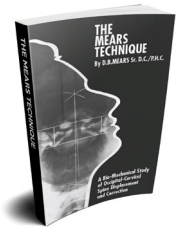
Start by Focusing in on Their History:

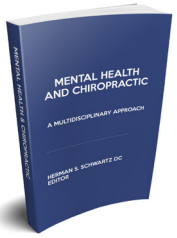
Neurological:

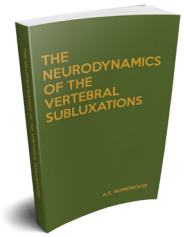
- Does the patient have any double vision or other visual problems?
- Is there any dizziness, vertigo or lightheadedness?











- Are there more dramatic symptoms such as drop attacks, sudden weakness or numbness of the head, face or extremities?
- Is there any unilateral numbness anywhere in the body?
- Does the patient have any difficulty with speech or swallowing?
- Is there any problem with walking, balance or coordination?
- Is there any nausea, vomiting or upset stomach?
- Is there any nystagmus or involuntary rapid eye movements?
- Is there any giddiness – does the patient appear nervous or confused?

Cardiopulmonary:

- Does the patient have a history of TIA's, stroke or any heart disease or hypertension?
- Is there a history of chronic lung disease or recent upper respiratory infection?
- Any pertinent family history?

Skin: Is there a history of easy bruising, bleeding disorders or problems with wound healing?

Musculoskeletal: Does the patient have a history of chronic joint pain in the spine or extremities? Is this pain different than the past?

Gastrointestinal/Genitourinary: Is there a history of blood in the urine or stools, or urinary tract infections?

Trauma: Have they experienced any trauma that may have injured blood vessels?

Connective Tissue Disorders: Do they have a history of any of the following: polycystic kidney disease, Type IV Ehlers-Danlos, Marfans, or fibromuscular dystrophy?

Other: Are they taking any drugs or medications - especially oral contraceptives? What is their tobacco use history? Any previous hospitalizations? Are they under 45 years old? Are they overweight?

Next Focus on Your Examination:

- Can the patient smile, frown and puff out their cheeks?
- Can they raise their arms and legs?
- Can they stand with their feet together and their eyes closed? (Stand close by them.)
- Can they say a tongue twister?
- Can they stick out their tongue and move it around?
- Does mechanical stimulation of the neck or palpation reproduce their head or neck pain?
- Is there facet joint and neck muscle tenderness?
- If they have dizziness or vertigo does neck motion or movement aggravate it or bring it on?

Then Make a Decision *Erring on the Side of Caution*

If the history and examination lead you to suspect even the outside possibility of a dissection or stroke – **DO NOT** adjust or manipulate the patient – call 911, get them to a hospital, have them lay down and monitor the patient while you wait. Don't give them anything to eat or drink and do not allow them to go home if they improve while laying there. Same goes if they have stroke like symptoms after a treatment.

You are better safe than sorry to order or make a referral for an MRA and an MRI to rule out dissection and stroke. If you don't know how to do that or time is of the essence then get them to the appropriate provider or emergency room.

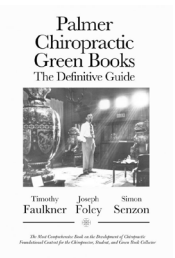
Summary

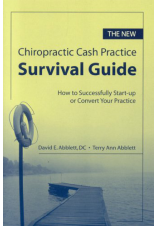
As a chiropractor your number one goal is to help people. Many patients come to see you with neck pain, headaches, dizziness etc. You feel confident you can help them. In some cases those complaints are secondary to vascular problems that may already be in process. Recognize this so you can make sure your patient gets the right care.

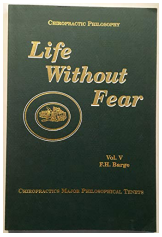
If those complaints are coupled with history and/or physical exam findings that suggest dissection or stroke: **Stop, Look and Listen** more intently and **err on the side of caution.**

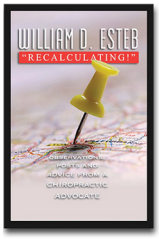
If it turns out that that everything is negative – celebrate that with the patient and then set about adjusting them as needed.

As always I look forward to your feedback, comments and suggestions.









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NEW DOC ON THE BLOCK

Tara Levesque, DC
Generations Family Chiropractic, LLC
(864) 921-3099

Being the new kid ain't easy! Whether you've just opened your own practice or you're a new associate in an already established practice, we can all relate to being the new doc—younger than most, full of uncertainty, maybe even a little scared for the first few months. For the first … year (heck, let's be honest), for the first few years, running an office is confusing, overwhelming and downright scary. The transition from student to teacher (because that's what we are in our offices) is bumpy and full of uncertainty. If you don't have a good support group of like-minded chiropractors to exchange questions, ask for guidance and to check in with to make sure you're on the right track, it can be a lonely road. The PSCA is a great place to start. Don't forget, these ol' docs may have been around a long time, but they too were once the new doc on the block. Ask them questions; they have YEARS of experience. It is OK to not know the right answer, to admit your weaknesses and to grow through their lessons, sometimes sparing yourself a headache in the process. As new chiropractors we are not expected to radiate perfection; we will never have all the answers. We have all had some of those amazing days taking care of lots of people and doing a celebratory dance while walking out at the end of the night. We have also ALL had those rip your eyes out, slow, questioning all of your life choices kind of days. As frustrating as those days may be, they too are blessings in disguise. Those days are there to keep us thankful for the people that choose us as their chiropractor and humbled for the opportunity to help even that one person that walks through the door. To all the new docs out there—WE'RE DOING GREAT! Keep locating, analyzing and correcting vertebral subluxation … and maybe we'll see you at the next Ignite!

Junk DNA: Follow the Science

Continued from page 1

Admission of function. WORLD. https://wng.org/articles/admission-of-function-1620609700)

The year 1895 produced two interesting and opposing views. First, as you know, was the discovery of Chiropractic, a field that developed into a powerful way to think, live and approach healthcare based on the presupposition that life is intelligent. There is purpose to every aspect of biological life. Second was a list of 86 vestigial organs developed by Robert Wiedersheim which claimed life was not intelligent and in fact contained pieces of matter that were purposeless.

The appendix is a well-known example and was once considered a vestigial organ. Science could not explain its role, so it was considered purposeless, accidental, not needed. This little organ is a vital location for storing benign bacteria that repopulate the gut after diarrhea wipes the digestive tract clear. The appendix functioning in this manner is not only an example of innate adaptation but also demonstrates a more complex ability we have through these bacteria to re-establish other adaptative processes.

Wiedersheim's list of 86 has shrunk quite a bit over the years as mechanistic science catches up with the premise that life is intelligent. So where does that leave us? Conspiracy theorists? Pseudo-scientific? I think not. Our premise that all matter has intelligence, that living matter has intelligence, that the nerve system is vital for coordinating function in humans, that vertebral subluxation causes interference to the nerve system, that nerve system interference is not healthy, and that life is better without it are all solid principles to stand on. Press on. People like Collins are thinking.