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Chiropractic's unique evolution and its future status

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Chiropractic's demise was regularly predicted but the AMA's campaign to "contain and then eliminate" it did not succeed. Nor did chiropractic follow osteopathy toward fusion with medicine. D.D. and B.J. Palmer were charismatic outsiders who emphasized the differences between medicine and chiropractic. Chiropractic's unique evolution and survival owed a lot to BJ's activity in publishing books and brochures and in part, to motivating his followers to fight for separate and distinct licensure. This paper proposes that in the twenty-first century chiropractic is most likely to become well established as an independent limited medical profession like dentistry, podiatry, optometry, and psychology.
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KEY WORDS: chiropractic, manipulation.

On prédisait la fin imminente de la chiropractie, mais malgré les efforts déployés par l'AMA afin de la «contenir puis de l'éliminer», la chiropractie existe toujours. Contrairement à l'ostéopathie, elle ne s'est jamais fusionnée à la médecine. D.D. et B.J. Palmer étaient des étrangers charismatiques qui ont souligné les différences entre la médecine et la chiropractie. Cette dernière doit une bonne partie de son évolution unique et de sa survie aux écrits de B.J. dans des livres et des brochures qui incitaient ses disciples à se battre pour obtenir une licence d'exercice séparée et distincte. Cet article prévoit qu'au XXI^e siècle, la chiropractie deviendra aussi bien établie que n'importe quelle profession médicale limitée indépendante comme la dentisterie, la podologie, l'optométrie et la psychologie.
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Introduction

B.J. Palmer wrote in *Shall Chiropractic Survive?*[1] "Chiropractic will always survive; the question is, will chiropractors?" That question tormented chiropractors throughout the twentieth century. What will happen to chiropractic? Will it survive? Or will it disappear, as so many therapeutic innovations have in the past? In 1932 Stephen Rushmore[2] predicted: "Chiropractic is going the way of all sects ... The hand of death is already visible," and in the same year a British barrister[3] wrote erroneously: "In most of the states of the Union chiropractic has already died a natural death." Stephen Martin in *The Cambridge World History of Disease*[4] provides a more recent judgment:

> The evolutionary trajectories of medicine and chiropractic can be conceived of as two parallel lines, and the ability of the latter to maintain a constant distance from medicine is perhaps the most remarkable quality in its historical development. If the distance between the two professions had narrowed, as in the case of homeopathy and osteopathy, chiropractic would have risked losing its identity. Instead, it flourished as it adroitly maneuvered between the Scylla of convergence and the Charibdis of divergence.

Martin invokes homeopathy and osteopathy, both of which have pretty much been absorbed by orthodox medi-

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cine even though they continue to exist as independent professions, Homeopaths always held MD degrees and were licensed as such after organized medicine decided to accept them around the turn of the century. A few states still have independent homeopathic licensing boards, but no American medical school now teaches homeopathy. Several small naturopathic colleges in Oregon, Washington, Arizona, and Canada now teach homeopathy as one of several "natural" therapies.

United States osteopathic colleges currently teach the complete medical curriculum and all states license osteopaths as full-fledged medical physicians. Eligible to compete for medical residencies and hospital staff appointments, United States osteopaths are still debating their identity and what future they want. Should they focus on primary care and emphasize that niche in their training, as Meyer and Price[5] recommend, or should they revert back to manual medicine and re-emphasize their original osteopathic principles to become a "parallel and distinctive" medical profession, as Gevitz[6] and others have urged? Recent federal guidelines for treatment of back pain[7] have favored both chiropractic and osteopathy in contrast to medicine and surgery, and that may induce osteopaths to practice more spinal manipulation. Outside the United States osteopaths practice very much like chiropractors. Indeed, two Australian universities (MacQuarie and the Royal Melbourne Institute of Technology) each have a single faculty for chiropractic and osteopathy, and the Australian Council on Chiropractic Education has been redesignated the Australian Council on Chiropractic and Osteopathic Education. Hence chiropractic and osteopathy now share similar fates in Australia.

Osteopathy's early evolution in the United States was so much like chiropractic's[8] that it long served as a model for chiropractic. But the two always differed both in theory and techniques and have followed completely different trajectories in the past fifty years.[9] Now that osteopathic medicine in the United States is essentially allopathic medicine, the question can appropriately be asked – how long will the designation 'osteopath' continue to be used?

What is likely to happen to chiropractic in the future? The alternative of absorption into medicine was predicted by Louis Reed[10] in 1932 in his study of chiropractic for the prestigious Committee on the costs of Medical Care:

> Chiropractic is rapidly changing. The rigid "pure" dogma of the sect is becoming loose and broad, and softening into conformity with the ideas of medical science. The "straight" chiropractic treatment is losing prestige, and all sorts of auxiliary methods of treatment, some of them endorsed by medicine, are being adopted. The chiropractors are beginning to work for laws granting them a wider scope of practice. In short, the chiropractors now are like the osteopaths of fifteen or twenty years ago. Quite probably they will undergo a similar evolution. Their schools will become fewer in number but larger and better, and they will give a general medical course. In a word, we shall have half a dozen inferior medical or near-medical colleges, and in the twilight of this sect a host of poorly qualified medical men will become fused into the general body of medical practitioners. The prospect is not a happy one. It will have to be endured unless the life process of this sect can be aborted by bringing into play forces which will strike at the root of the sect and cause it to wither for lack of patrons.

There is now no likelihood that Reed's prediction will ever happen. The strongest efforts ever to broaden chiropractic toward allopathic medicine occurred in California in the 1930s when advanced courses in general medicine and surgery were offered "at the Bellevue Hospital, a 60-bed general hospital owned and operated by the chiropractic profession,"[11] but they never attracted large numbers of chiropractors. Proposals by California medical leaders to "solve the problem of chiropractors" by upgrading those already in practice and cutting off further licensing, as was done with osteopathy in 1961, met with little favorable response from California chiropractors. Chiropractors' vested interests in their licensure, their schools, and their accepted scope of practice, plus their traditional hostility to medicine and surgery, kept them from wanting to become allopathic physicians. And the medical profession remained overwhelmingly hostile to chiropractors.

The alternative that chiropractic would simply disappear was the explicit objective of the long campaign of the American Medical Association (AMA) to "contain and then eliminate" chiropractic. It began in the early 1920s[12] and accelerated after Morris Fishbein, known as the "Medical Mussolini,"[13] became Secretary of the AMA and Editor of JAMA. The AMA's campaign continued over fifty years, until the Wilk[14] antitrust suit effectively subdued organized flagrant medical opposition. In 1980 the AMA adopted its first revision of the Code of Medical Ethics in 23 years, which authorized all kinds of profes-

sional relationships between MDs and chiropractors and later resulted in the admission of chiropractors to the staffs of medical hospitals. In some cases, chiropractors co-admit and treat patients in concert with MDs.

Nor is it likely that chiropractic will ever adopt the conceivable alternative of becoming an ancillary profession dependent on medical referral. Chiropractors have always practiced as independent practitioners without such a requirement.

A third possibility would be for MDs to take up chiropractic and practice manual medicine, as has happened to a great extent in Germany and Switzerland and to a lesser degree in France, Australia, and New Zealand. However, with so many alternative specialties available to MDs that offer generous financial rewards, it is not likely that many American MDs will choose also to practice chiropractic.

It is more likely that the medically oriented physical therapists will incorporate spinal manipulative therapy (SMT) into their clinical repertoire of manipulative techniques, thereby becoming direct competitors with chiropractors for back-troubled patients. That is what is happening in Great Britain, Canada, Australia, and New Zealand, especially when physical therapists gain the right of independent access to patients (i.e., without medical referral). However, United States physical therapists have moved only marginally toward including SMT in their training and practices, although Stanley Paris offers a masters degree in orthopedic physical therapy which includes SMT, and physical therapists have acquired the right of independent access in more than half the states. If physical therapists had sufficient education in the laboratory sciences and x-ray interpretation to make a proper differential diagnosis along with the right of independent access, they would then become duplicates and direct competitors of chiropractors. However, that seems unlikely to happen.

In what ways has chiropractic's evolution been unique? It has neither been absorbed into medicine or physical therapy nor simply disappeared. Its greater use and its acceptance by the public and by the medical profession has been well documented,[7,15,16] which suggests that chiropractic is well on the way to becoming an established independent profession not only in the United States but world-wide.

Among the reasons for chiropractic's successful and unique evolution are the following:

(1) Chiropractors found a niche in American health care in the early years of this century when the medical profession was not well organized, a niche where medical science was dormant. After the medical profession reorganized and greatly improved medical education following the famous Flexner Report,[17] as Gaucher[18] notes: "No doubt the American medical world's preoccupation with its own reorganization in the period after 1910 gave chiropractic a breathing space." Osteopathy of course also had the advantage of the same breathing space, but it differed from chiropractic by gradually expanding instruction to include drugs and major surgery in its curricula and practice and seeking broader practice laws. Hence its evolution has been different.

Susan Smith-Cunnien[19] noted that medical opposition to chiropractic has always been greatest during periods when organized medicine was undergoing threats or was in transition, e.g., first in the years following the Flexner Report, then later in the 1960s when the federal government was imposing Medicare, Medicaid, and quality controls on the practice of medicine and its reimbursement. She wrote in her doctoral thesis:

> In fighting chiropractic, organized medicine is serving itself and the profession: focussing on unity in the face of factionalism, demonstrating its superiority in the face of a doubting public, and reasserting its dominance in the face of bureaucratic and legislative challenges to that dominance.

Medical opposition intensified chiropractic unity in its struggle for acceptance. After the Surgeon-General's Report,[20] which recommended against reimbursement of chiropractors under Medicare, the two national associations (the American Chiropractic Association and the International Chiropractors Association) joined in preparing *Chiropractic's White Paper on Health, Education, and Welfare Secretary's Report.*[21]

(2) An important difference between chiropractic and osteopathy was that Andrew Taylor Still registered as a physician and surgeon in 1874 when Missouri law permitted him to do so,[22] thus becoming a regular member of the medical profession, whereas both Daniel David Palmer (DD) and his son Bartlett Joshua Palmer (BJ) were always *outsiders* to the medical profession. They had never for-

mally studied medicine, as Still at least claimed he had, while DD's nine years of practice as a magnetic healer gave him no medical credentials. Unlike Still, who described osteopathy as a *reform* of medicine,[23] BJ claimed that chiropractic is the very antithesis of medicine and permitted no compromise with drugs, surgery, or physical therapy modalities. His straight chiropractic philosophy perpetuated the gulf between chiropractic and medicine, and was reinforced by laws adopted in many states limiting chiropractors to spinal adjustments by the hands only. Although many straight chiropractors began using medical diagnostic instruments and physical therapy adjuncts, those who used them were castigated as "mixers" by BJ until his death in 1961. However, there is no question that spinal manipulative therapy remains the principal therapeutic modality of all chiropractors. Chiropractic's successful push for licensure in all states as a separate and distinct health profession significantly helped it to survive.

(3) What DD and BJ lacked in medical credentials they made up for in their charismatic personalities. Both inspired students to practice and teach chiropractic. BJ was especially successful in inspiring loyalty to himself and to chiropractic in his students and alumni, with whom he kept in constant contact by means of annual homecomings in Davenport and hundreds of thousands of pamphlets and brochures printed in his own printery. Arguably, it is certainly true that B.J. Palmer should get the most credit for chiropractic's survival.

(4) Chiropractic philosophy has been an important source of both solidarity and disunity for chiropractors. The mono-causal theory of illness and treatment by adjustments, though uniformly attacked by medical critics, bound chiropractors together in opposing the medical profession's excessive use of drugs and surgery. Mixers often objected to the simplistic "safety pin" explanation of the theory and pushed for more scientific research into the vertebral subluxation complex. Yet the medical historian Henry Sigerist[24] credited chiropractic's "philosophy" for its survival and growth.

> Chiropractic has held fast to its original faith and so far has resisted every temptation to make concessions. This has added to its strength, and thanks to this alone it is today the most powerful sect in America.

Although chiropractic's philosophy makes it unique, there is no evidence that Morinis[25] or Barge[26] are correct when they argue that chiropractic cannot survive without its straight philosophy. Many mixer chiropractors practice successfully without it. Indeed, William Bachop,[27] a former anatomy professor at the National College of Chiropractic, sees two diametrically opposed choices for chiropractic: "Chiropractors will have to choose which they want to survive: chiropractic or chiropractic philosophy, the profession or the creed." He argues that chiropractic will survive only if it broadens its base to incorporate what has been validated by medical science and by further research into chiropractic science. As is well known, that is what is currently happening to a limited extent.

(5) The influence of the Council of Chiropractic Education (CCE) can hardly be exaggerated. Denial of recognition of CCE by the U.S. Office of Education was an important objective of the AMA's campaign against chiropractic. Official recognition of chiropractic's educational standards and CCE's insistence on increasing chiropractors' competence to diagnose helped counter objections to chiropractic licensure and professional acceptance.

What then is chiropractic likely to become in the twenty-first century? It could of course simply disappear, but that is not likely. It is also clear that chiropractic will not follow the path of osteopathy to fusion with medicine. Nor is it at all likely that primary care MDs, orthopedists, neurologists, rheumatologists, or other medical specialists will incorporate enough spinal manipulation into their practices to eliminate the need for chiropractors.

Physical therapists pose a different kind of problem. But even if they incorporate more SMT in their practices, their education does not at the present time qualify them to become truly independent practitioners able to interpret laboratory studies and x-rays and do all the other examinations and tests necessary for a proper differential diagnosis. Organized medicine has united with chiropractors to fight physical therapists' right to independent access, and it would also surely object to further broadening their scope of practice.

A more important danger comes from the fact that organized medicine would like to see chiropractors regress to the ancillary status of physical therapists so as to practice only on referral from a medical or osteopathic physician. Additional pressure comes from managed care systems (e.g., HMOs) where so-called "gatekeepers" often must

give such a referral. Chiropractors resist that and must continue to do so. One hundred years of independent access will not be given up so easily.

What then will chiropractic become? If it is not to disappear, follow the path of osteopathy toward fusion with medicine, be taken over by MDs or physical therapists, or remain in its current somewhat marginal status, what kind of independent health care profession will it become? There remains only one real possibility – for which excellent models already exist. Dentists, podiatrists, optometrists, and psychologists are called "limited medical professions" because they acknowledge the supremacy of the medical profession in the treatment of major systemic conditions including those that affect (or infect) the teeth, feet, eyes, or mind. Yet they each have carved out (and negotiated with the medical profession for) an area of practice in which they are limited in the range of conditions they can treat and in the therapeutic modalities they can use. They practice independently of medical referral and hence serve as portals of entry into the health care system as they refer patients (e.g., those with tumors) for appropriate medical treatment, which requires that they be sufficiently well trained in differential diagnosis to be able to decide when to treat and when to refer.

Currently chiropractors actually practice much like the limited medical professions – i.e., independent of medical referral and as portals of entry to the health care system. There is no question that chiropractors are limited, often by law, in the range of illnesses they can treat (e.g., no infectious diseases) and in the types of treatment modalities they can use (e.g., no surgery or prescription drugs). Hence chiropractors already fit very closely the limited medical profession model. Among the forces driving chiropractors toward this model are the following:

(1) *Scope of chiropractic practice* – broad yet limited as defined by law.

(2) *Acceptance by chiropractors of the basic sciences in chiropractic college curricula and recognition by chiropractors of the benefits of some pharmaceuticals, innoculations, and surgery*;

(3) *Acceptance by medical authorities of the benefits of chiropractic for neuromusculoskeletal disorders, especially of the lower back*;

(4) *Interdisciplinary research*, which narrows the knowledge gap separating medicine and chiropractic and which will achieve one of the goals sought in the Wilk antitrust suit – "a common lexicon," intended to promote the interprofessional exchanges that are now beginning to occur.

(5) *Standardized college curricula*, guided by CCE requirements for greater knowledge of the basic sciences and improved skills in diagnosis.

(6) *Narrowing of the range of conditions that present in chiropractic offices and that chiropractors accept for treatment*;

(7) *Standards of chiropractic care*[28] (Haldeman et al. 1992) being established by concerted efforts within the profession, which should help to unify the profession concerning scope of practice and encourage fairer reimbursement of fees paid by insurance companies; and

(8) *Greater inclusion of chiropractors in the health care system*, e.g., in HMOs, hospitals, the military, and referral networks, where chiropractors are interacted with as are the other limited medical professions.

If organized medicine should decide that limited medical status is appropriate for chiropractors, it could help to bring it about in the following important ways:

(1) It could collaborate more with chiropractors in research on all types of illnesses that chiropractors customarily treat, not only on the musculoskeletal or biomechanical ones. If carefully controlled research is not done on these illnesses, it will never be known whether chiropractic can benefit them.

(2) Organized medicine can help improve chiropractic education by allowing more students to attend hospital rounds, especially jointly with medical students, and graduate chiropractors to attend workshops in various specialties such as diagnostic imaging, orthopedics, neurology, internal disorders, and sports medicine.

(3) Organized medicine's ultimate goal should be full professional collaboration with chiropractors in patient treatment, consultations, referrals, and shared management of patients both in and out of hospitals.

Conclusion

Becoming fully accepted as a limited medical profession should be chiropractic's goal for the twenty-first century. Students already recognize that chiropractic is a noble profession to aspire to, so the colleges need no longer focus

on increasing the numbers of students but can concentrate on improving the quality of their education and research. Collaboration with medical hospitals in educating students and in conducting basic and clinical research on chiropractic and spinal manipulative therapy should be the prime goal of every chiropractic college. Progress in academic affiliation already accomplished with universities in Australia, South Africa, Canada, and the United States should be extended. Other needed changes are for chiropractors to unify organizationally and to curtail unethical advertising and the so-called "practice builders." Chiropractic has certainly had a successful past and can look forward to a glorious future.

References

1 Palmer BJ. Shall Chiropractic Survive? Davenport, IA: Palmer School of Chiropractic, 1958.
2 Rushmore S. The bill to regulate chiropractors. N Eng J Med 1932; 206:614–16.
3 Minty LL. The legal and ethical aspects of medical quackery. London: William Heinemann, 1932.
4 Martin SC. A history of chiropractic. In Kiple K (ed) The Cambridge world history of disease. New York: Cambridge University Press, 1992.
5 Meyer CT, Price A. The crisis in osteopathic medicine. Acad Med 1992: 67:810–16.
6 Gevitz N. "Parallel and distinctive": the philosophic pathway for reform in osteopathic medical education. JAOA 1994; 94:328–332.
7 Clinical guideline Number 14: acute low back pain in adults. Washington, DC: Agency for health care policy and research, US Dept of Health and Human Services, 1994.
8 Wardwell WI. Chiropractic: history and evolution of a new profession. St. Louis: Mosby-Yearbook, 1992.
9 Wardwell WI. Differential evolution of the osteopathic and chiropractic professions in the United States. Perspectives in biol and med 1994: 37:595–608.
10 Reed L. Chiropractic, Ch 3 in The Healing Cults. Pub. No. 16 of The Committee on the Costs of Medical Care. Chicago: University of Chicago Press, 1932.
11 Gibbons R. Chiropractors as internes, residents, and staff: the hospital experience. Chiropractic Hist 1983; 3:50–57.
12 Reed, op cit, p. 35.
13 Bealle M. Medical Mousselini. Washington, DC: Columbia Publishing Co, 1939.
14 Wilk CA et al. vs. AMA et al. Complaint #76C3777 filed Oct 12 in District Court for the Northern District of Illinois, Eastern Division, 1976.
15 Deyo RA, Tsui-Wu Y-J. Descriptive epidemiology of low back pain and its related care in the United States. Spine 1987; 12:264–68.
16 Meade TW et al. Low back pain of mechanical origin: randomised comparison of chiropractic and hospital outpatient treatment. BMJ 1991; 300:1431–1437.
17 Flexner A. Medical Education in the United States and Canada. New York: Carnegie Foundation for the Advancement of Teaching, 1910.
18 Gaucher-Peslherbe PL. Chiropractic early concepts in their historical setting. Lombard, IL: National College of Chiropractic, 1993.
19 Smith-Cunnien SL. Organized medicine and chiropractic: the role of the deviantization of chiropractic in the development of U.S. medicine 1908 to 1976. Doctoral dissertation, University of Minnesota, 1990.
20 Cohen WJ. Independent practitioners under medicare: a report to Congress. Washington, DC: U.S. Department of Health, Education, and Welfare, 1968.
21 Chiropractic's white paper on health, education, and welfare secretary's report. Cheyenne WY: ACA, ICA, and Council of State Governing Boards, 1969.
22 Gevitz N. The D.O.'s: osteopathic medicine in America. Baltimore: Johns Hopkins University Press, 1982.
23 Northup GW. Osteopathic medicine: an American reformation. Chicago: American Osteopathic Association, 1972.
24 Sigerist H. American medicine. New York: Norton, 1934.
25 Morinis EA. Theory and practice in chiropractic: an anthropological perspective, J Can Chiropr Assoc 1980: 24:114–119.
26 Barge F. One cause one cure: the health and life philosophy of chiropractic, LaCrosse, WI: La Crosse Graphics, 1990.
27 Bachop W. The warfare of science with philosophy in contemporary chiropractic, Philosophical Constructs for the Chiropractic Profession, 1991; 1:33–36.
28 Haldeman S et al (eds). Guidelines for Chiropractic Quality Assurance Practice Parameters: Proceedings of the Mercy Center Consensus Conference. Gaithersburg, MD; Aspen, 1992.