

# Chiro Action Pack

Dear Doctor,

First of all I want to thank you for taking the time to get more involved for the sake of your profession. The purpose of the Action pack is to make it easy for your voice to be heard by your elected officials as well as providing you with researched and documented material.

The first part will give you a sample letter to President Obama that you should get in the mail right away. The vote for the new health bill at the time of this writing is still going through Congress for approval. The quicker we all act, the better results we can expect.

We also have provided quick links for you to find your Congressmen and other elected official.

<http://www.congress.org/congressorg/dbq/officials/?lvl=L>

Simply go to the link above and enter your zip code in the “Enter Your Zip Code” on the right side of the page near the top. You can also click on the state map in the middle of the page and follow the directions to finding your representatives.

It is imperative that at least your congressmen receive a letter from you on the matter of the new health bill as well. You can also send an email straight from the website above. When you find your representative, click on the “contact” tab and there will be an email link to the congressmen that you can click on and send an email right away.

This pack is broken into three sections:

1. The sample letter to President Obama and the “how to” contact your local representatives.
2. A report showing the cost-effectiveness of Chiropractic when a chiropractor is the primary care provider.
3. Researched and documented material showing that Chiropractic does not cause stroke. Use this to further educate your patients as needed.

In addition, we have provided a copy of a letter that has worked great in stopping insurance companies who are doing retroactive reviews and demanding monies already paid back from a doctor. This letter is on the next page.

Lastly, we appreciate you taking the time to help fight for your right to have equal billing procedures with insurance companies.

Yours in health,



Dr. David Singer

# Letter for insurance companies requesting retroactive reviews.

Date

Name

Address

City, State, ZIP

Dear Name:

We have received your \_\_\_\_\_ (date) correspondence to us. \_\_\_\_\_ is seeking a refund from \_\_\_\_\_ Chiropractic to recover an alleged “overpayment” in the amount of \$\_\_\_\_\_, which \_\_\_\_\_ claims was made by mistake. We respectfully reject your position.

It is widely held that an insurance carrier is not entitled to recover an overpayment made to an innocent third-party creditor when: a.) the payment was made due solely to the insurer’s mistake, b.) the mistake was not induced by a misrepresentation of the third-party creditor, and c.) the third-party creditor acted in good faith without prior knowledge of the mistake. See *Prudential Ins. Co. of America v. Couch*, 376 S.E. 2d 104 (W.Va Sup. Ct. of App. 1988); *Time Ins. V. Fulton-DeKalb Hosp. Auth.*, 211 Ga. App. 34, 438 S.E. 2d 149 (Ga. App. 1993); *City of Hope Med. Ctr. V. Superior Court*, 8 Cal. App. 633, 10 Cal. Rptr. 2d 465 (Cal. App. 2 Dist. 1992); *Lincoln Nat. Life Ins. V. Brown Schools*, 757 S.W. 2d 411 (Tex. App. 1988); *Federated Mutual Ins. Co. v. Good Samaritan Hospital*, 191 Neb. 212, 214 N.W. 2d 493 (Neb. Sup. Ct. 1974).

Here, regardless of whether amounts paid by \_\_\_\_\_ constitute an overpayment, \_\_\_\_\_ knew its own policy payment provisions and alone made the decision of paying said amounts that it now alleges were beyond its responsibility. Dr. \_\_\_\_\_ made no misrepresentations, had no knowledge or notice of \_\_\_\_\_’s alleged mistake, extended valuable services, was not unjustly enriched, and simply had no reason to suspect that the payments for services rendered were in error. \_\_\_\_\_ was the entity that treated the situation and was in the best position to have avoided it. Furthermore, Dr. \_\_\_\_\_ has no recourse relative to the patient.

Under the circumstances, Dr. \_\_\_\_\_ has no obligation to return the alleged “overpayment” and declines to do so. Please confirm that no further efforts will be made to recover said alleged “overpayment” from Dr. \_\_\_\_\_. I look forward to hearing your reconsideration.

Sincerely,

Your Name

# Letter for President Obama

President Barack Obama  
1600 Pennsylvania Ave. NW  
Washington, DC 20500

Dear President Obama:

I am an individual who depends on the services rendered by my chiropractor for my health care needs. I trust my chiropractor whether my problem is dealing with a short-term injury, managing a chronic condition, or helping me achieve long-term wellness. The choice of chiropractic care is important to me.

Without it, I would be forced into the medical system which is not as responsive to my needs and is not as concerned with prevention and wellness.

A central theme of President Obama's campaign was "equity". This is a critical necessity in so many areas of American life but especially so in health care. For decades, those of us who have sought care from the chiropractic profession have not received equal treatment in the co-payments we pay, the services covered under Medicare, the cost containment measures applied to us, or the reimbursement we receive from insurers for our chiropractic services.

I respectfully request that any health care bill you support contain the following elements:

- Patient's co-payments for chiropractic services must be equal to the co-payments charged for primary care medical providers and the co-payment should not exceed 50% of the allowed amount for the chiropractic adjustment.
- All services under a chiropractor's scope of practice should be reimbursed through Medicare.
- Insurers and managed care companies must be required to apply cost containment measures to chiropractic and medical services in an equal manner.
- There must be parity between the services chiropractors and medical doctors are allowed to offer and parity in reimbursement based on relative values (RBRVS) and conversion factors.

I am part of a community of millions of Americans who receive care from more than 60,000 chiropractors across the country. Having chiropractic as a choice is vital to me, but it is equally important to have parity across the full range of chiropractic and medical services including reimbursement for their respective services. Please improve America's health care system by providing full equality to chiropractic services.

Sincerely,

Signature

Name (printed)

# Cost-Effectiveness Report

Clinical Utilization and Cost Outcomes from an Integrative Medicine Independent Physician Association:  
An Additional 3-year Update

This section is compiled by Frank M. Painter, D.C.

Send all comments or additions to: [Frankp@chiro.org](mailto:Frankp@chiro.org)

FROM: J Manipulative Physiol Ther 2007 (May); 30 (4): 263–269

Richard L. Sarnat, MD, James Winterstein, DC, Jerrilyn A. Cambron, DC, PhD

Alternative Medicine Integration Group, LP, Highland Park, Ill 60035, USA. [rsarnat@amibestmed.com](mailto:rsarnat@amibestmed.com)

**OBJECTIVE:** Our initial report analyzed clinical and cost utilization data from the years 1999 to 2002 for an integrative medicine independent physician association (IPA) whose primary care physicians (PCPs) were exclusively doctors of chiropractic. This report updates the subsequent utilization data from the IPA for the years 2003 to 2005 and includes first-time comparisons in data points among PCPs of different licensures who were oriented toward complementary and alternative medicine (CAM).

**METHODS:** Independent physician association-incurred claims and stratified random patient surveys were descriptively analyzed for clinical utilization, cost offsets, and member satisfaction compared with conventional medical IPA normative values. Comparisons to our original publication's comparative blinded data, using nonrandom matched comparison groups, were descriptively analyzed for differences in age/sex demographics and disease profiles to examine sample bias.

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**RESULTS: Clinical and cost utilization based on 70,274 member-months over a 7-year period demonstrated decreases of 60.2% in-hospital admissions, 59.0% less hospital days, 62.0% less outpatient surgeries and procedures, and 85% less pharmaceutical costs when compared with conventional medicine IPA performance for the same health maintenance organization product in the same geography and time frame.**

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**CONCLUSIONS:** During the past 7 years, and with a larger population than originally reported, the CAM-oriented PCPs using a nonsurgical/nonpharmaceutical approach demonstrated reductions in both clinical and cost utilization when compared with PCPs using conventional medicine alone. Decreased utilization was uniformly achieved by all CAM-oriented PCPs, regardless of their licensure. The validity and generalizability of this observation are guarded given the lack of randomization, lack of statistical analysis possible, and potentially biased data in this population.

From the Full-Text Article:

Discussion:

Although it is not valid to make the assumption that the predictive vs actual utilization of medical expenditures is an accurate generalized measure of treatment efficacy, it is interesting to note that the utilization data are substantially lower during both eras of 1999 to 2002 and 2003 to 2005. This gives

credence to the argument that the power to achieve reduced utilization is due to the underlying philosophy of medical management and not due to differences in PCP education or licensure. It would be interesting to know the normative ratio of predicted vs actual utilization of these relative cost value units for the HMO network as a whole, but this information is unavailable.

The escalation of medical expenditures remains an urgent problem. Conventional medical strategies for clinical improvement and cost containment are failing to achieve their target goals. [8-13] Many patients, looking for improved outcomes, commonly use CAM therapies mixed with conventional medical care without the oversight of a physician specializing in integrative medicine. The safety, efficacy, and cost effectiveness of this unsupervised concomitant use are unknown at this time. However, this study makes the observation that over a 7-year period, the cost outcomes of the integrative medicine IPA are below those of the conventional medical IPAs contracted with the HMO and that, concomitantly, the member satisfaction scores are higher than the conventional medical IPA's.

Along with the single targeted question on patient satisfaction, the HMO's independent quality control division analyzed approximately 50 other questions on the annual member survey to determine if a given IPA achieves "blue ribbon status." The AMI's IPA has achieved blue ribbon status every year since its inception. In the AMI model, the annual onsite audit scores measuring IPA compliance with the HMO utilization management policies and procedures continue to be above the HMO network normative values. The AMI's annual audit scores in the years 2002-2005 for medical administration and medical management were between 97% and 100% in each category. The HMO minimum required score for IPA performance is 90%. This observation may demonstrate that it is possible to deliver CAM-oriented primary care in a highly regulated environment without compromising either quality or safety.

There are several limitations within this study. First, it is a limitation of the methodology that the data available to us did not allow for a regression analysis. Our analysis of utilization data was unfortunately limited to descriptive comparisons between the identified populations as subsets of the entire HMO population. As the necessary data for traditional statistical methods were unavailable to us, we attempted to assess possible population bias via other strategies. We acknowledge that the lack of statistical analysis may have led to a serious bias. However, even without the ability to complete a statistical analysis and with the potential for bias, these preliminary data are important to present within the medical community. Likewise, attempted statistical analysis might have implied results beyond the methodological capacity of this study. Second, this article is an observational report and does not claim to report causal outcomes but rather the continued long-term observational correlation in decreased utilization seen by enrolled members of an integrative medical model. It is one of the few medical models where concomitant use of both conventional and CAM-oriented treatments is supervised by a licensed health care professional with expertise in both arenas. Third, based on the methods of this study, there is some question about scientific reproducibility. A randomized clinical trial would be necessary to determine if the alternative medicine IPA had a different utilization rate and cost outcome than the conventional IPA. Finally, we were not able to control for differences in baseline characteristics between the integrative medicine group and the conventional IPA. If the baseline demographic or clinical factors differed between the groups, the data may be seriously biased in either direction.

In its effort to improve outcomes, the lay public continues to increase its CAM-oriented utilization; and CAM providers of all licensures continue to slowly gain acceptance within the conventional medical arena. It is clear, however, that not all CAM therapies are efficacious for all disease states.<sup>14, 15, 16</sup> Although a blinded, randomized controlled trial isolating individual CAM therapies targeting individual disease states is beyond the scope of this endeavor, it is of great interest that the correlation of decreased utilization of standard managed care benchmarks is seen across the board for the variety of medical conditions reported in the IPA's enrolled population.

Early results from AMI's Integrated Therapies Demonstration Project, a utilization and cost analysis study for the treatment of chronic pain produced for the Florida Agency of Health Care Administration, suggest that the integrative medical strategies, which are the core component of AMI's medical management, seem to be generalizable to other populations, such as Medicaid/Medipass and targeted disease states in a more classic disease management model.

Conclusion:

Although the generalizability of such observations is always in question, the IPA model presented here is correlated with a decrease in clinical utilization and cost outcomes, compared with conventional medical strategies, over an extended period and in a safe and highly regulated environment. The consistent decrease in cost and care utilization achieved by AMI's integrative medical management strategy over a 7-year time frame warrants larger independent third-party funding for multicenter, randomized controlled trials.

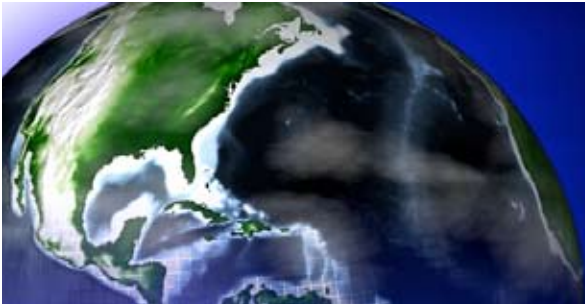
Practical Applications of This Article:

- Members enrolled with chiropractic PCPs have demonstrated lower utilization of clinical and cost benchmarks than members enrolled with conventional medical PCPs.
- The variables of age/sex/disease profiles and lifestyle choices were monitored to account for any sample bias when comparing utilization outcomes.
- Chiropractic PCPs over a 7-year period have managed 60% of their enrolled members without requiring a referral.

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The following pages are the Stroke report that was compiled with documents dating as far back as 10 years ago.

You are free to distribute these pages as long as you do not change the page in any way.



# HEALTH REPORTS

Vol. 12 Issue 16

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## **STUDY DEMONSTRATES THAT STROKES ARE NOT BROUGHT ON BY CHIROPRACTIC**

The Chiropractic profession recently received some very good news from an extensive 7-year study that focused on the neck region and on neck pain. The news had to do with study findings regarding Chiropractic adjustments and stroke. This comprehensive study determined that people who visit chiropractors for a neck adjustment are no more likely to suffer a stroke than when treated by members of any other medical profession.

This long-term study was mainly conducted to find the very best information and techniques available to help patients who suffer neck pain. The aim was also to provide healthcare professionals with the very best research evidence to help diagnose, treat, manage and prevent neck pain. The research was conducted by the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders with results published in the journal *Spine*. A multi-national and inter-disciplinary study team included Canadian, American, South American, Australasian and European researchers.

As part of its research initiative, the team launched a study into the association between Chiropractic care of the neck and stroke. This was a particularly important piece of research as chiropractors in several states have come under attack from groups who are running media and Internet campaigns suggesting that Chiropractic is dangerous and that adjustments can cause strokes.

The innovative piece of research that was recently concluded found that patients who visit a chiropractor are no more likely to experience a stroke than are patients who visit their family physician. The type of stroke in question generally begins with a headache or with neck pain. This causes the patient to seek care from a chiropractor or a family physician to obtain relief. Generally, this office visit occurs before a stroke fully develops.

“This type of stroke is extremely rare and has been known to occur spontaneously or after ordinary neck movements such as looking up at the sky or over the shoulder when backing a car,” said the lead author of the study Dr. David Cassidy, professor of epidemiology at the University of Toronto and senior scientist at the University of Health Network at Toronto Western Hospital.

This study provides excellent news and ammunition for chiropractors and Chiropractic organizations who have become the target of attacks from special interest groups who are suggesting that Chiropractic is dangerous and that Chiropractic adjustments cause strokes. According to this landmark study, this is just not true, and chiropractors and Chiropractic patients can use the information from this research to learn about and to demonstrate the safety of Chiropractic adjustments.

Source: Bone and Joint Decade Task Force. Press Release, “Seven-Year Neck Pain Study Sheds Light on Best Care,” February 2008.  
<http://www.newswire.ca/en/releases/archive/February2008/15/c2658.html>

# RISK OF STROKE REDUCED BY PEOPLE UNDER REGULAR CHIROPRACTIC CARE

Chiropractic care is found to be far safer and better results than many other disciplines.

Patients under Chiropractic care experience strokes at a significantly lower rate than people who are not under Chiropractic care.

According to a report in the Journal of Vertebral and Subluxation Research, people who are not Chiropractic patients are 27,500 times more likely to suffer strokes than Chiropractic patients.

Results of this study are significant as many researchers have tried to link Chiropractic with the occurrence of stroke. Chiropractic has also proven to be a significantly safer method of treatment than drugs and surgery.

Aspirin and other NSAIDs have been linked to 80% of all ulcer-related deaths; people taking NSAIDS are three times more likely to die than those not taking the drugs.

More than 50% of all medications have serious and sometimes fatal side effects.

In 1994, adverse drug reactions were responsible for 106,000 deaths taking drugs as prescribed and these numbers continues to increase every year.

Appendectomy procedures have a death rate of one in 74;

Spinal fusion surgery has a death rate of one in 50;

Simple procedures such as drawing blood cause death in one of every 25,000 procedures.

An article published in In Touch Magazine noted that, "More Americans are killed in hospitals every six months than died in the entire Vietnam War; the medical death rate is equivalent to three jumbo jet crashes every day and that the disease care system may be a public health threat of epidemic proportions."

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## STUDY SHOWS RISK OF CHIROPRACTIC ADJUSTMENTS 'EXTREMELY LOW'

The risk of stroke following a Chiropractic adjustment was recently determined. The likelihood of stroke is one in 5.85 million adjustments. Researchers reviewed malpractice data from the Canadian Chiropractic Protective Association (CCPA) between 1988 and 1997 on stroke claims following Chiropractic treatment.

Results showed that 134.5 million adjustments were performed by chiropractors covered by the CCPA. Of those, 43 cases of neurological symptoms were identified. Twenty were minor, but were not diagnosed as strokes by neurologists; only 23 cases involved stroke.

"This study is based on the most factual evidence available for determining the risk of stroke associated with neck adjustment," according to Paul Carey, D.C., lead author of the study and president of the CCPA. "This most recent study establishes such an extremely low degree of risk, that patients can feel confident about the safety of neck manipulations performed by chiropractors," Carey noted.

# Study shows Chiropractors don't raise stroke risk.

A research report published in Spine journal confirms what chiropractors have said for years: chiropractic care does NOT cause an increased risk of strokes due to arterial dissection.

“We didn't see any increased association between chiropractic care and usual family physician care, and the stroke,” said researcher Frank Silver, professor of medicine at the University of Toronto and director of the University Health Network stroke program.

“The association occurs because patients tend to seek care when they're having neck pain or headache, and sometimes they go to a chiropractor, sometimes they go to a physician. But we didn't see an increased likelihood of them having this type of stroke after seeing a chiropractor.”

During the past several years, chiropractic has come under intense attack by anti-chiropractic organizations, including several that claim to represent chiropractic “victims.”

Despite a wealth of evidence to the contrary – including a 2001 study published in the Canadian Medical Association Journal that the risk of suffering a stroke due to chiropractic adjustments was less than one in nearly 6 million -- critics have kept up their attacks and tried to persuade the public that chiropractic adjustments were dangerous.

For this latest project, a Canadian research team studied nine years of patient data and found that, of the 818 cases involving this kind of stroke, patients were just as likely to have visited their family medical doctor as they did a chiropractor. There was no increased risk from having received chiropractic care.

Dr. Silver admitted that he and his team were specifically looking for an increased association between chiropractic care and stroke but found none.

According to the report's conclusion, “The increased risks of VBA stroke associated with chiropractic and PCP visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. We found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care.”

Risk of Vertebrobasilar Stroke and Chiropractic Care: Results of a Population-Based Case-Control and Case-Crossover Study. Spine. 33(4S) Neck Pain Task Force Supplement:S176-S183, February 15, 2008. Abstract

# Health Report

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## CHIROPRACTIC MISREPRESENTED BY MANY MEDICAL RESEARCHERS

The World Chiropractic Alliance spoke out against the misleading information about the “possible” link between cervical spinal adjustments and stroke, which is often disseminated by some proponents of allopathic medicine.

The WCA said cervical adjustments do not pose any significant risk of stroke and are remarkably safe. In fact, the incidence of such strokes, as published in scientific and medical studies, is estimated at between 1 to 3 incidents per 1 million adjustments. (There are nearly 750,000 cases of first ever or recurrent strokes in the United States every year.)

Many times, cases involving Chiropractic treatments are cited by medical researchers, but the reports frequently misunderstand the critical differences between Chiropractic “adjustments,” versus “manipulations” or fail to mention whether these “treatments” were administered by Chiropractors or “non-chiropractic practitioners.”

In a report published by the Journal of Manipulative and Physiological Therapeutics, it states that “Chiropractic treatments have been wrongly attributed to Chiropractors” — when in fact, the treatments had been rendered by osteopaths, general practitioners, physiotherapists and even a blind masseur, an Indian barber and a Kung Fu practitioner.

And, the words “Chiropractic” and “Chiropractor” have been used incorrectly in numerous publications, respected medical journals and medical organizations.

SOURCE: <http://www.wcanews.com>.

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# Efficacy and Risks of Chiropractic Manipulation: What Does the Evidence Suggest?

This section is compiled by Frank M. Painter, D.C. – Send all comments or additions to: Frankp@chiro.org  
- FROM: Integrative Medicine 1998; 1 (2): 61–66 - Ian D. Coulter

Chiropractors account for around 90% of the manipulation in the United States, and more than 94% of chiropractic patients receive some form of manipulation. This article reports on two studies of the appropriateness of manipulation conducted at RAND using systematic literature reviews and expert panels. Two areas were focused on: manipulation for low-back pain and manipulation and mobilization of the cervical spine. The systematic review of the literature (including a meta-analysis) for the evidence for manipulation for low-back pain indicated that spinal manipulation was more efficacious than the comparison treatments for patients with acute or sub-acute low-back pain uncomplicated by sciatica.

For cervical manipulation, the systematic literature review indicated efficacy for neck pain and for patients with muscle-tension-type headache. For both cervical manipulation and manipulation for low-back pain, the literature reports low levels of complications. For cervical manipulation, the estimated risk for serious complications is 6.39 per 10 million manipulations. For lumbar manipulation the estimate is 1 serious complication per 100 million manipulations. Although the evidence of the efficacy for manipulation is not overwhelming, there is sufficient evidence to establish efficacy for acute conditions and sufficient evidence to warrant serious investigation of its efficacy in other areas. The risk from manipulation is low and compares favorably to other forms of therapy for the same conditions (e.g., 15.6 complications per 1000 cervical spine surgeries, 3.2 per 1000 subjects for nonsteroidal anti-inflammatory drugs).

[http://www.chiro.org/LINKS/ABSTRACTS/Efficacy\\_and\\_Risks\\_of\\_Chiropractic.shtml](http://www.chiro.org/LINKS/ABSTRACTS/Efficacy_and_Risks_of_Chiropractic.shtml) 3/25/2008

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## **REDUCE THE RISK OF STROKE WITH CHIROPRACTIC**

A recent study published in *The Journal of Manipulative and Physiological Therapeutics* should take away people's misconception that Chiropractic adjustments increase the risk of having a stroke. The study reported that the actual risk of suffering a fatal stroke as the result of a Chiropractic adjustment was placed at 0.00025%.

According to the National Center for Health Statistics, there are 3,358,000 incidences of strokes in the United States every year. For a population of 254,281,000, the risk of a fatal stroke in the general public is 0.00057%. Those statistics show the likelihood of having a stroke is not induced through Chiropractic adjustments, as many people falsely believe. Chiropractic is safe and statistics show the general public have a higher risk for having a stroke than those receiving Chiropractic adjustments.

SOURCE: *The Journal of Manipulative Physiological Therapeutics*, 1995; 18:530-6;  
*The National Center for Health Statistics*, 1993. HEALTH REPORT Vol. 4 Issue 58  
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# Health Report

VOLUME 4

ISSUE 58

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SOURCE: The Journal of Manipulative Physiological Therapeutics, 1995; 18:530-6;  
The National Center for Health Statistics, 1993.

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# Health Report

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## **RISK OF STROKE REDUCED BY PEOPLE UNDER REGULAR CHIROPRACTIC CARE**

Patients under Chiropractic care experience strokes at a significantly lower rate than people who are not under Chiropractic care.

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Results of this study are significant as many researchers have tried to link Chiropractic with the occurrence of stroke.

Chiropractic has also proven to be a significantly safer method of treatment than drugs and surgery. Aspirin and other NSAIDs have been linked to 80% of all ulcer-related deaths; people taking NSAIDS are three times more likely to die than those not taking the drugs.

More than 50% of all medications have serious and sometimes fatal side effects. In 1994, adverse drug reactions were responsible for 106,000 deaths.

Appendectomy procedures have a death rate of one in 74; Spinal fusion surgery has a death rate of one in 50; simple procedures such as drawing blood cause death in one of every 25,000 procedures.

An article published in In Touch Magazine noted that, "More Americans are killed in hospitals every six months than died in the entire Vietnam war; the medical death rate is equivalent to three jumbo jet crashes every day and that the disease care system may be a public health threat of epidemic proportions."

SOURCE: In Touch magazine; Journal of Vertebral and Subluxation Research, September 2001.

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# APPROXIMATE COMPLICATIONS OF MAJOR MEDICAL PROCEDURES PER ONE MILLION CASES:

Procedure	Complication	Rate per Million
1. Carotid entarlectomy (surgery)	Stroke or Death	100,000
2. Thoracic Aortic Aneurism (surgery)	Stroke	88,000
3. Coronary Artery Bypass Graft (surgery)	Stroke or Death	3,000 - 52,000
4. Use of Heparin & Streptokinase Therapy after a MI (heart attack)	Death	30,000
5. Neurosurgery for Neck Pain	Paralysis	15,000
6. General Anesthesia (complications from neck position)	Stroke or Death	(Data Pending)
7. Use of Streptokinase Therapy without Heparin after a Myocardial Infarct	Death	8,000
8. Daily use of Aspirin to prevent Strokes & Heart Attacks	Stroke	7,000
9. Angioplasty (catheter balloon inserted into coronary artery)	Stroke	5,000
10. Unknown Causes of Strokes	Stroke	3,700
11. Chymopapain injections for Herniated Spinal Discs	Death	1,400
12. Chiropractic Cervical Adjusting	Stroke	1-3
13. Chiropractic Cervical Adjusting	Death	0.05

**Note:** The above are approximations gleaned from various medical sources and special reports. This table is COPYRIGHT 1994, by W. Michael Gazdar, D.C. for use in his book: Taking Your Back to the Future; How to have a back and total health with Chiropractic care. Information compiled by W. Michael Gazdar, D.C. (See References)

# A review of studies involving chiropractic adjustments and stroke.

The Council on Chiropractic Practice concluded, "The panel found no competent evidence that specific chiropractic adjustments cause strokes." ("Vertebral Subluxation in Chiropractic Practice. Council on Chiropractic Practice Clinical Practice Guideline No. 1." 1998.)

According to the National Institute of Neurological Disorders and Stroke, the estimated incidence of strokes in children under 14 years of age is 2.52 per 100,000 per year. Roach ES, deVeber G, Riela AR, Wiznitzer M: Recognition and treatment of stroke in children. A study in the Journal of Vertebral Subluxation Research estimates the risk of neurological and/or vertebrobasilar complications in pediatric chiropractic to be approximately 1 in 250 million. Pistolesse RA: Risk assessment of neurological and/or vertebrobasilar complications in the pediatric chiropractic patient. Journal of Vertebral Subluxation Research 1998;2(2):77-85.

The RAND corporation estimated that the risk of stroke from chiropractic adjustments was "one in a million." ("The appropriateness of manipulation and mobilization of the cervical spine. Santa Monica, CA: RAND Corporation 1996: xiv. (6).) Over a ten-year period, Danish researchers found only five cases of "irreversible CVA after chiropractic treatment." Based on this, they estimated a risk of one stroke per 1,320,000 neck adjustments. ("Safety in chiropractic practice. Part I: The occurrence of cerebrovascular accidents after manipulation to the neck in Denmark from 1978-1988," Journal of Manipulative and Physiological Therapeutics, 1996; 19: 371-7.)

Based on a survey of 64 California neurologists, Albers, M.D., estimated the stroke-chiropractic correlation to be "one in every 500,000 manipulations." Co-investigator Philip Lee, M.D. noted, "Indeed, most interventions by allopathic physicians have a higher complication rate than chiropractic interventions." ("Neurologic complications following chiropractic manipulation: A survey of California neurologists," Neurology 1995; 45: 1213-5.) The author of a Canadian study found 13 documented CVAs related to chiropractic care in Canada, and no deaths, over a five-year period. Since some 50 million cervical adjustments were given by Canadian chiropractors during that time period, he concluded that a reasonable estimate of risk was one serious neurological complications per 3 million neck adjustments. ("A report on the occurrence of cervical cerebral vascular accidents in chiropractic practice." Journal of the Canadian Chiropractic Association, 1993; 37 (2): 104-6.

Researchers in Holland concluded that the overall rate of complications from chiropractic adjustments was one in 518,886. ("Complications in Manual Medicine: A Review of the Literature," Journal of Manual Medicine, 1991; 6: 89-92.) No strokes or any other significant complications were found during an examination of 168,000 cervical adjustments during a 28-year period. ("Chiropractic therapy: diagnosis and treatment," Aspen Publishers, 1990: 61.) A review of more than a half-million treatments over a nine-year period at the Canadian Memorial Chiropractic College outpatient clinic found no incidents of strokes or serious incident. ("Vertebral Artery syndrome," published in the book "Upper cervical syndrome: chiropractic diagnosis and treatment.," Baltimore: Williams and Wilkins, 1988: 195-222.)

A survey which included 203 Swiss practitioners and an estimated 1.5 million cervical manipulations, found a rate of one serious complication per 400,000 cervical manipulations, without any reported deaths. ("How dangerous is manipulation to the cervical spine?" Manual Medicine 1985; 2: 1-4.) Not a single case of vertebral artery stroke or serious injury was found during a study which involved approximately 5 million cervical manipulations from 1965 to 1980 at The National College of Chiropractic Clinic in Chicago. ("Complications arising from manipulation of the cervical spine," Journal of Manipulative and Physiological Therapeutics 1980; 3: 213-19.)



# Chiropractors don't raise stroke risk, study says

A research report published in Spine journal confirms what chiropractors have said for years: chiropractic care does NOT cause an increased risk of strokes due to arterial dissection.

“We didn't see any increased association between chiropractic care and usual family physician care, and the stroke,” said researcher Frank Silver, professor of medicine at the University of Toronto and director of the University Health Network stroke program. “The association occurs because patients tend to seek care when they're having neck pain or headache, and sometimes they go to a chiropractor, sometimes they go to a physician. But we didn't see an increased likelihood of them having this type of stroke after seeing a chiropractor.”

During the past several years, chiropractic has come under intense attack by anti-chiropractic organizations, including several that claim to represent chiropractic “victims.” Despite a wealth of evidence to the contrary – including a 2001 study published in the Canadian Medical Association Journal that the risk of suffering a stroke due to chiropractic adjustments was less than one in nearly 6 million -- critics have kept up their attacks and tried to persuade the public that chiropractic adjustments were dangerous.

For this latest project, a Canadian research team studied nine years of patient data and found that, of the 818 cases involving this kind of stroke, patients were just as likely to have visited their family medical doctor as they did a chiropractor. There was no increased risk from having received chiropractic care.

Dr. Silver admitted that he and his team were specifically looking for an increased association between chiropractic care and stroke but found none. According to the report's conclusion, “The increased risks of VBA stroke associated with chiropractic and PCP visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. We found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care.”

Risk of Vertebrobasilar Stroke and Chiropractic Care: Results of a Population-Based Case-Control and Case-Crossover Study. Spine. 33(4S) Neck Pain Task Force Supplement:S176-S183, February 15, 2008

# Health Report

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## **STUDY SHOWS RISK OF CHIROPRACTIC ADJUSTMENTS ‘EXTREMELY LOW’**

The risk of stroke following a Chiropractic adjustment was recently determined. The likelihood of stroke is one in 5.85 million adjustments.

Researchers reviewed malpractice data from the Canadian Chiropractic Protective Association (CCPA) between 1988 and 1997 on stroke claims following Chiropractic treatment.

Results showed that 134.5 million adjustments were performed by chiropractors covered by the CCPA. Of those, 43 cases of neurological symptoms were identified. Twenty were minor, but were not diagnosed as strokes by neurologists; only 23 cases involved stroke.

“This study is based on the most factual evidence available for determining the risk of stroke associated with neck adjustment,” according to Paul Carey, D.C., lead author of the study and president of the CCPA.

“This most recent study establishes such an extremely low degree of risk, that patients can feel confident about the safety of neck manipulations performed by chiropractors,” Carey noted.

SOURCE: Canadian Medical Association Journal, 2001, 165(7):905-8; 2000, 163(1):38-40.

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