expensive drugs are not prescribed, and we would have fewer edematous, coughing, and exhausted patients in our practices.

—*David Rapoport MD CCFP FCFP*
North York, Ont

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PEP for bat exposure?

In Dr Grill's interesting article on management of suspected rabies exposure,[1] case 3 suggests that finding a bat in your bedroom means that you need postexposure prophylaxis (PEP). In a letter from David Williams, Chief Medical Officer of Health for Ontario, dated August 8, 2008,[2] it is suggested that owing to recent research, the rabies PEP recommendations regarding bat exposure have changed. The main difference is that PEP is *not* recommended for scenarios in which someone is sleeping unattended in a room where a bat was found. Postexposure prophylaxis is indicated only when there is a direct contact with a bat. The letter goes on to define this direct contact. As usual, each case deserves individual consideration.

—*Joseph A. Casale MD CCFP*
Hamilton, Ont

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2. Williams DC. Bat rabies post-exposure prophylaxis (PEP) administration policy change [letter]. Toronto, ON: Ministry of Health and Long-Term Care; 2008. Available from: **www.pdhu.on.ca/documents/rabpol.pdf**. Accessed 2009 Aug 12.

Response

In response to case 3 of my article,[1] I have had several colleagues point out that as of August 2008 the guidelines for recommending rabies postexposure prophylaxis (PEP) in Ontario have changed with regard to individuals who wake up from sleep and find a bat in their rooms. This decision was based on research published by Dr De Serres of l'Institut National de Santé Publique du Québec,[2] and further details can be found on the Ontario Ministry of Health and Long-Term Care website (**www.health.gov.on.ca/english/providers/pub/disease/rabies_qa.html**). The province of British Columbia has also updated their rabies guidelines in a similar fashion.[3]

While I was aware of the Ontario changes when submitting my article for publication, I chose not to include them when discussing case 3, as they were not consistent with the most recently published national Canadian guidelines (ie, from the National Advisory Committee on Immunizations[4]). Furthermore, other recognized international rabies PEP guidelines (eg, from the Centres for Disease Control[5] and the World Health Organization[6]) have yet to make such changes.

Given that management of potential rabies exposures to bats, as outlined in case 3 of my article, seems to be a somewhat gray area, Dr Casale's point that each case needs to be assessed on an individual basis is extremely important. One should not interpret the recent guideline change in Ontario to mean that individuals who wake up in a room and find a bat have no risk of rabies exposure. Given that bats are considered high risk for transmitting rabies, a proper risk assessment for direct exposure should still take place with the assistance of local public health experts. A key question to ask is whether the individual would likely wake up from sleep if she or he felt a sharp bite or scratch. If the answer is yes, then the likelihood of direct exposure while sleeping is low. It is also important to consider whether the above likelihood would change under certain circumstances, such as if the individual in question was a child (eg, unreliable historian), was under the influence of alcohol, or was mentally challenged. A physical examination looking for bites or scratches should also be part of the assessment.

Finally, from a prevention standpoint, individuals in Canada who live in geographic areas known to have a high prevalence of bats should consider "bat proofing" their homes to reduce their chance of exposure. There are many wildlife companies available that specialize in providing such services.

—*Allan K. Grill MD CCFP MPH*
Toronto, Ont

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2. De Serres G. *Évaluation des interventions de santé publique à la suite d'une déclaration d'exposition à une chauve-souris et estimation de la fréquence des expositions aux chauves-souris dans la population du Québec.* Laval, QC: Centre de recherche du CHUL (CHUQ); 2006.
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Disappointing advertisement

I was disappointed to see a full-page advertisement for the Ontario Chiropractic Association in the July 2009 edition of *Canadian Family Physician*. In spite of their attempts over the decades to legitimize themselves, the overwhelming majority of chiropractors do not practise scientifically based health care, and chiropractic care remains more of a faith-based cult than a legitimate alternative to medical care.

Chiropractic treatment was invented by a magnetic healer and grocer, D.D. Palmer, one afternoon in 1895

when he claimed he cured a deaf janitor by adjusting a bone in his neck—never mind that the cranial nerves do not actually pass through the cervical spine and that no chiropractor claims to heal the deaf anymore. From that one case, the entire philosophy of subluxations interfering with "innate energy" as the "one true cause of all disease" was developed. There is no evidence for subluxations, and even chiropractors themselves cannot agree on what they are.

Chiropractors routinely use, advise, and sell a wide variety of other implausible, unproven, and occasionally dangerous healing philosophies, such as homeopathy, acupuncture, and detoxes. Many of them claim they have the ability to treat medical illnesses, such as asthma and diabetes. Many of them advise against vaccination. Their continuing education focuses more on practice-building than on new advances and evidence for chiropractic care.

The best available evidence does suggest that chiropractic care might be helpful for mild to moderate low back pain of musculoskeletal origin, but ironically, only when the chiropractor does spinal manipulative therapy, not chiropractic treatment. Spinal manipulative therapy can also be done by other allied health professionals, such as physiotherapists, massage therapists, osteopaths, and sports medicine and rehabilitation physicians, usually at a far lower cost to the patient.

I refer the editors and readers to **www.sciencebasedmedicine.com** and **www.chirowatch.com** for more evidence-based discussion on chiropractic care.

Canadian Family Physician does a disservice to its members and gives an undeserved legitimacy to chiropractic care by taking their money.

—Tim McDowell MD CCFP
Sechelt, BC