

System of therapy

As a user of chiropractic treatment for almost 10 years and now a second-year resident in family medicine, I feel obligated to respond to the letter “Concerns about referring patients to chiropractors” that was published in the October issue of *Canadian Family Physician*.¹ After figure skating for 10 years and sustaining a concussion, I started experiencing severe back pain and muscular spasms at age 17. When my parents witnessed how uncomfortable I was and that usual over-the-counter medications, as well as massage therapy, were not helping, they decided to take me to our local chiropractor.

My initial assessment involved trying to identify past injuries that might have caused the back pain. Following a careful history and physical examination, I was sent for several x-ray scans before manipulation. The x-ray results revealed abnormalities amenable to chiropractic treatment. Initially, I had my neck and upper and lower back treated twice during the first week. Then I went for adjustments on a weekly basis for 1 month. Gradually the visits became less frequent (biweekly, monthly, every 6 weeks, etc).

Some people might be surprised to see how frequent a realistic treatment schedule is with a chiropractor. However, as physicians, is this dissimilar to when we see new patients or patients with acute problems in the office?

What kept me going back on schedule was the effectiveness of chiropractic manipulation. My pain was improving rapidly, and I began to perceive when I needed to return for further treatment. Now, several years later, I no longer suffer in silence and can go for more than 6 months between visits with my chiropractor.

In medical school I was upset to see the attitude toward chiropractors during alternative medicine teaching. Blanket statements about neck manipulation causing

vertebral artery dissection were misleading. And there was no discussion of the evidence in the medical literature regarding chiropractic care. I remember addressing these concerns with my chiropractor. At least now there is teaching at the Faculty of Medicine at the University of Ottawa in Ontario by chiropractors.

Like in any profession, there are individuals who are good representatives and those who are not. I constantly run into other physicians who use the examples of chiropractors being against vaccination, manipulation of neonates, and vertebral artery dissection as reasons why patients should never be referred for chiropractic services. At the chiropractic practice where I am currently treated, every new patient has to sign a consent form explaining the risk of vertebral artery dissection with neck adjustment (1 in a million). Further, every examination room has a posted list detailing what services are not offered (advice regarding vaccinations, etc) and advising patients to speak with their family doctors.

In medicine we might not always approve of alternative treatment methods, but we cannot discount entire professions and their services. It is better to explore treatment options and see what ultimately works for our patients and, as in my case, for ourselves.

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Competing interests

Dr Denis is a chiropractic patient.

Reference

1. Bellamy JJ. Concerns about referring patients to chiropractors [Letters]. *Can Fam Physician* 2013;59:1049-53.

Chiropractors respond

In the October issue of *Canadian Family Physician*, Bellamy's letter¹ suggests an insufficient account of risks associated with chiropractic treatment of pregnant patients in regards to an article by Oswald et al.² However, Bellamy provides no evidence of these risks herself. In addition, she suggests that the prudent family

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