

Everybody paddle the canoes together!

Twice a year, it's a frantic rush to reel in the fishing lines cast out across various continents so another issue of the *JCCP* can be published with contributions from individuals who step out of their comfort zone, their daily workload, to author a manuscript that will hopefully offer some clinical insight, some cumulative data, some educational nugget to help each of us in our daily chiropractic practice, as an author, teacher, mentor or perhaps another healthcare provider or parent who is searching for the missing piece for their patient or client or their own family.

Chiropractic has been in the eye of the storm since its inception. Recently, I was honored to participate in an international forum to attempt to codify current practice guidelines for pediatric chiropractors to once more, attempt to represent what we do with accountability, clinical insight and experience combined with what research is available. It was a positive experience with contributions that were constructive and respectful until the final product was sculpted and set out to dry (and we still write to each other as we see things that could be tweaked, added, perhaps said more concisely... as practice, and life, are meant to be fluid!).

In comparison, though, part of what we've all realized is that more time and effort, let alone all the research money, is being spent producing literature criticizing our "lack of evidence" rather than our "wealth of positive clinical outcomes". And limiting all the meagre research funding to only one possible positive outcome of chiropractic (low back pain) leaves us without the opportunity to explore the "unproven" results obtained when applied appropriately in a myriad of different clinical scenarios.

Challenges to the profession and its scope of practice, spurred the formation of an international group spearheaded by two chiropractors in Australia whose colleagues have been under political scrutiny. In an ongoing email discussion between participants, my co-editor Dr. Cheryl Hawk (Texas Chiropractic College) and one of the founding members of the group, Dr. Lyndon Amorin-Woods (Murdoch University Chiropractic Clinic), shared these thoughts:

Dr. Hawk

"I keep thinking of a comment a colleague (psychologist, Bob Jensen) made years ago, that the purpose of research is to IMPROVE practice, not PROVE it. Chiropractic has had to spend so much time and money trying to PROVE that its practice is legitimate (which we've only done thoroughly for LBP, because the medical profession is able to understand "work on back = might help back pain") that we have very little left over to do research to IMPROVE practice. And the

political opponents are twisting the research (that is, basing it on the "lack of research" equals "lack of effectiveness" fallacy)¹⁻³ to *disprove* it."

As Marson Smith stated: "Systematic reviews of healthcare interventions need to be as clear as the evidence will support. Many people will read only the abstracts of systematic reviews. Leaving readers with the impression that there is no difference between alternative treatments may result in dangerously misinformed clinical decisions and failure to address important uncertainties in additional research."²

Dr. Amorin Woods

The point is this. *It is meaningless to consider just the evidence of the 'intervention' without that for the options or alternatives.* 95% of healthcare is lacking evidence, spinal manipulative therapy (SMT) is no worse (or better) than most other medical or other interventions for most childhood conditions.

That is why, recognizing that the clinician is (virtually) always working within a context of clinical uncertainty, that the principle is to be 'defendable' rather than 'right' or definitive.

Of course, one must always strive to be 'correct' but must also recognize the limitations inherent in 'diagnosis' or 'clinical labelling'."

Always ahead of her time, Dr. Hawk wrote a paper in 1998 while at the Palmer Center for Chiropractic research clearly stating that we are a profession not a procedure.

"...its application (the chiropractic adjustment) must be informed by a unique approach to healing and health that is distinct from, although not necessarily at odds with, the medical model. For it is the philosophy, the intuitive knowledge - the belief system - that differentiates a complete system from a procedure."

So, here we are. Some of us, clinicians in the field, some researchers in the "lab" and some individuals in other professions who see that collaborative efforts reap the best outcome. The *JCCP* will continue to not only bring both clinical and research outcomes to our readers but to encourage us to maintain our course and provide the best chiropractic care we are able to our vulnerable population. Vulnerable because they are young and growing in both body and mind. Our example, our words and our chiropractic care are part of their formative process.

This year, the harvest is in (this was a winter crop! And if I

wasn't mixing metaphors, it would be the catch or the haul, I guess) and being sorted and polished for presentation during the powerful lunar eclipse. Eclipses are known to be "harbingers of change". Look around you, are your patients more stressed and needing your ministrations than you've ever experienced your practice lifetime? Then look at yourself; how are you faring in these times of un-rest and in some cases, un-safety? Whether it's your personal safety in your environment, your safety in choosing your own health care or protecting your privacy, or professionally, legislative changes to your license and scope of practice, information distribution, or even insurance reimbursement?

To be present therapeutically for your patients (many too little to use their worlds to explain their stress level but manifesting it through their body or behaviors instead!) you need to begin with self-care including rest, nutrition and movement (Movement through: Exercise! Breathing! Dancing! Skipping!).

Then, you need to keep learning - talking to each other, reading, attending courses (perhaps we'd consider the greater availability of online education a benefit of this past 3 years?). Restoring your mind and body and building some more plastic connections neurologically are the first order of self-care that can then be extended to our patients not only with what we can contribute but motivating and

empowering them to put their own self-care strategies in place because they too (parents) need to take care of themselves so they can take care of the children, but also, we're never too young to learn self-care routines and we have the opportunity to educate the youngest amongst us every time they enter our office with the joy they bring to you at each visit.

The entire world is scrambling to come out of crisis mode and the time is on us to look at transformation rather than continuing to slog through the same mud every day. There are great movers and doers amongst us, and I salute them! Our leaders inspire us and often point us in the most effective direction we can walk. And for many of us, our world is our office and our patients and the ripple effect of what we do for each individual cannot be underestimated, ever, because they too will reach out and touch another and another and another and THAT is how we get the job done!

"E lauhoe mai na wa`a; i ke ka, i ka hoe; i ka hoe, i ke ka; pae aku i ka `aina."

Everybody paddle the canoes together; bail and paddle, paddle and bail, and the shore will be reached.

Sharon A. Vallone, DC, FICCP

Editor, Journal of Clinical Chiropractic Pediatrics

References:

1. Goertz C, Hurwitz E, Murphy B, Coulter I. Extrapolating Beyond the Data in a Systematic Review of Spinal Manipulation for Non-Musculoskeletal Disorders: A Fall from the Summit. *J Manip Physiol Ther.* 2021.
2. Marson Smith PR WL, Adams C, Chalmers I. Claims of 'no difference' or 'no effect' in Cochrane and other systematic reviews. *BMJ Evidence-Based Med.* 2019.
3. Hawk C. Comment on Goertz et al article. *J Manipulative Physiol Ther.* 2021;44(6):506-507.