

This list, adapted from one we found originally on ChiroWeb.net, offers helpful information for people considering chiropractic, as well as for their other doctors.

Common Chiropractic Misconceptions

Is frequent treatment really necessary?

The best way to answer this is with an analogy: If you had an infection and visited your MD, she might prescribe an antibiotic to fight the infection. You might take that medication twice a day for 14 days. During that 14-day period, you're receiving 28 treatments, although it doesn't seem that way because you only had one actual visit to the office. In chiropractic, the treatment is given in the office, not at home. So if you were to receive treatment twice a week for 8 weeks, although that may seem like a lot of visits, you were actually treated far fewer times than in the medical analogy.

It seems like once you start going to a chiropractor, you have to keep going forever!

In actuality, many patients choose to receive chiropractic throughout their lives because they see the improvements in their lifestyle and health. Let's face it: Our society is geared toward fast food, fast cars, and immediate gratification—it's no wonder people also want fast healthcare. Here's another analogy that may help: People with diabetes and those with allergies sometimes need medication every day or every week of their lives! In some cases, patients with significant structural problems need structural support for long periods, perhaps the rest of their lives. Although these types of problems are not an everyday occurrence in my office, they do happen. Most people who come to my office for care for longer periods of time simply like the way they feel and choose to use chiropractic treatment as a long-term support. There is no evidence of chiropractic adjustments "weakening" joints or ligaments, as new patients occasionally ask.

My medical doctor doesn't want me to utilize chiropractic.

Although this situation was common 20 years ago or more, sometimes patients still occasionally tell me this. It's unfortunate that this occurs. I personally don't believe that any one doctor has all of the answers—that's why I refer to most other types of doctors when the need arises. In most cases, the medical doctor who has this attitude may still carry the prejudices of years past or has a misunderstanding of what chiropractic treatment consists of and what our treatment goals are. Often a call from me can help alleviate any concerns your medical doctor has with treatment.

Chiropractors are not "real" doctors.

Every doctor who has received proper training and licensure is "real" or "legitimate." Doctors of chiropractic (DCs) certainly aren't medical doctors and have chosen not

to be, but we actually receive similar training in physiology. When I decided to enter chiropractic school, I chose to enter a healing art that deals with the whole body, concentrating on the spine and nervous system. I chose a field of study that looked for the numerous *causes* of health conditions and how a patient's condition could be corrected naturally rather than entering a field of medicine that often chooses to treat or cover up symptoms through the use of drugs or surgery (which are certainly appropriate in some situations, including emergencies).

Chiropractors are not allowed to use drugs or perform surgery.

While this is a true statement by Maryland statute, it depends on individual state laws. However, I refer to the last question for an answer. When chiropractors enter chiropractic school, they choose to enter a healing art that does not use medication or surgery as its treatment choice. So it's not a matter of *not allowed to*—it's *don't want to*.

Why do I have to keep coming? The pain is gone!

This relates to the concept of threshold level of pain. With treatment, the pain level is reduced or gone. In many cases, if treatment is stopped at that time, the bulk of the condition is still looming behind the scenes or below the water line (threshold level of pain). Once normal activity is resumed and the normal daily stresses occur, the pain will re-appear. This is why I re-examine patients from time to time to determine where they are physiologically; this gives me a better indication as to what course shifts might be needed and how long to continue stabilization care once the pain is gone.