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Osteopathic and Chiropractic: An Examination of the Patient-Physician Relationship in
Their Respective Practices

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Introduction:

The history of medicine is extraordinarily rich and intriguing. History possesses the ability to teach us much more than names, dates, and events. When you use history as a guide, it is possible to generate a deeper understanding of how modern practices have come to be, what events have guided changes and evolution, and understanding the near future based on past patterns. Since the time of Hippocrates, the practice of medicine has taken on various forms and has undergone innumerable transformations. It is for this reason that I have chosen to examine two forms of medicine practiced commonly today: Osteopathic and Chiropractic medicine.

These two medical systems have origins that bare many striking similarities; however, both practices are based on decisions that have led them to be quite different in their modern forms. During our examination of these two practices, we will look at their histories in great detail. This will allow us to understand why these professions came to exist, where some of their modern practices originated, and how these practices came to be what we see in the world today. We will also look at how each of these practices is regulated, what some of the specific practices being put to use in the clinics are, and we will compare these practices to conventional medicine, specifically those with the degree of "M.D.". In addition, we will try to understand how osteopathy and chiropractic maintain currency in their respective field. Finally, we will examine the very important practitioner-patient interaction, by looking at the way in which the practitioner involves patients in their health care, the typical locations of their respective practices, and the style in which the practitioner communicates with the patient accomplishing these

objectives. It will also allow us to understand what role the patient-physician relationship has played and will continue to play in the success of these two medical systems.

History of Osteopathy:

A.T. Still

On August 6, 1828 Andrew Taylor Still was born in Lee County Virginia to Martha and Abram Still. Abram Still was a Methodist minister, a farmer, and a physician. Shortly after the birth of Andrew, he began moving the family west from Tennessee to Missouri. Sometime during the early 1850s, the Still's settled in eastern Kansas. Here, Abram settled into a life of ministering "to the health as well as spiritual needs of his flock" (Gevitz, 1988, p. 124). Andrew had decided to stay in Macon County Missouri; here he married, started a family, and began farming. In 1853, he decided to join his family in the Kansas territory, and it was there that he latched onto medicine (Gevitz, 2004). He studied his father's medical texts to learn what drugs were to be used, how to dose said drugs, and how to perform minor surgical operations. His desire to improve his understanding of medicine by increasing his understanding of anatomy led him to "[dig] up bodies in a nearby Indian burial ground" (Gevitz, 1988, p.125). By the time of the Civil War, A. T. had acquired enough medical knowledge through his own practice to serve as a hospital steward.

Still's career in the military as a hospital steward lasted about a year. After his discharge, he proceeded to find his own command and was given commission as a captain. After a very close call in a battle outside Kansas City, Still left the military and returned to his medical practice (Gevitz, 2004). In the spring of 1864, the life, both personal and professional, of A. T. Still would change forever. Still's wife and three of

their children fell suddenly ill and died as a result of spinal meningitis (Gevitz, 2004). This was a watershed moment for Still's perspective on orthodox medicine. He had sought the help of numerous colleagues to diagnose and treat his family, but not one of the physicians could save any of his family members. It is at this point that he began to seriously question the efficacy of orthodox medicine. Over the course of the next decade, Still continued to practice medicine with the tenets of orthodoxy. He was also exploring alternative approaches to medical practice such as eclecticism and homeopathy.

The more Still examined these various fields of medicine, the more he pondered the morality of administering drugs to patients. As a devout Methodist, Still eventually reached the conclusion that if drinking is sinful then the administration of drugs for therapeutic purposes was equally terrible. Still went so far as to say that orthodox physicians "had habits, customs, and traditions no better than slavery in its worst days and far more tyrannical" with regards to the administration of therapeutic drugs (Gevitz, 2004, p. 10). With such a strong stand against the administration of drugs to patients, it is easy to understand how Still quickly came to the conclusion that medication of any kind was both immoral and invalid therapy for patients. Still began giving drugless medical sects, such as hydropathy, more attention. While he was drawn to the drugless approach of these systems, he had witnessed their ineffectiveness while working in eastern Kansas. One drugless approach to medical healing did pique the interest of Still, and this system would have a lasting impact on many of the tenets of what would become Osteopathy: magnetism.

Original Principles of Osteopathy

This alternative medical approach was pioneered by the Austrian physician Franz Mesmer in the late 18th century. Mesmer's magnetism was based on the idea that there was a "universal magnetic fluid" which flowed throughout the body, and disease was caused when there was a disturbance in the balance of this fluid throughout the body. Mesmer believed that the balance of this fluid could be restored, and disease cured, by making passes over the body with magnets or the hands of a magnetic healer (Buraneli, 1975). The religious and industrious background of Still may explain why he was attracted to two of the central tenets of magnetism: viewing the body as a "divinely ordained machine" and perceiving health as the "harmonious interaction of all the body's parts and the unobstructed flow of fluid" (Gevitz, 2004, p. 14). Still was so attracted to these ideas that he initially advertised his unorthodox practice as being that of a magnetic healer.

Magnetism was not the only existing medical practice to have a major influence on Still's pursuit of a new form of alternative medicine. During the middle of the 19th century, around the same time as Still was serving in the military in Kansas, Still was introduced to the spiritual and metaphysical ideas of Emanuel Swedenborg. Swedenborg was a Swedish scientist, philosopher, theologian, and mystic. Swedenborg made several postulates concerning medicine. He described the causes of disease as falling into two separate categories: external and internal. The internal causes originate from the mind and spirit, travel to the brain, and into the body. The external causes originate from the natural world and body. These external factors negatively impact the fluids and fibers, specifically the nerve fibers and blood circulation, and these negative external factors then manifest as disease (Fuller, 2012). Swedenborg viewed health as "the balanced

influx of the spirit and mind into the corresponding receptacle of the body and disease as arising from the external causes of the body or the internal causes of the mind and spirit” (Fuller, 2012, p. 50). It is clear that the external causes as described by Swedenborg align well with the tenets of magnetism that Still appreciated. The idea that health could be achieved through the balancing of the body and mind also appealed greatly to Still and his personal ideas of medicine and healing. While it is evident that Still’s early exposure to Swedenborgian practices had a major influence on his establishment of the founding principles of his new approach, the beliefs of Swedenborg continued to appear at many points in the development of Still’s approach even after his death.

Still’s practice was slow in the early years, and he continued to explore other alternative medical treatments to develop his new therapeutic approach. A long-existing form of medicine began to attract the attention of Still. This medical approach was known as bonesetting. This medical practice has existed for centuries. In his early work on bonesetting, Wharton Peter Hood describes bonesetting as being “the art of overcoming, by sudden flexion or extension, any impediments to the free motion of joints that may be left behind after the subsidence of the early symptoms of the disease or injury” (Hood, 1871, p. 4). The approach to bonesetting had shifted to one that focused more exclusively on orthopedic issues than on other ailments, but Still believed bonesetting could be utilized to treat a variety of ailments. He based these claims on an experience he had with a patient sometime around 1880. In his autobiography (1972), Still states that:

An Irish lady came to me with great pain under her shoulder-blade, and asked me if I could make her shoulder easy. She had asthma in a loud form, though she had only come to be treated for the pain in her shoulder. I found she had a section of

the upper vertebrae out of line, and stopping the pain I set the spine and a few ribs. In about a month, she came back to me without any pain or trace of asthma (p. 115-116).

This experience helped Still reach a conclusion that would distinguish his approach from any other in existence. He postulated that a displaced bone caused the disruption of the flow of fluid in the body. Still was able to unite one of the central tenets of magnetism to one of those from bonesetting; by doing this, he had laid the foundational principles for osteopathy.

Still would travel around the Kirksville region speaking about and practicing his new medical approach. As time went by, more people listened to his speeches and tried his approach. By the end of the 1880s, he had gathered considerable momentum with his practice. It was at this time that he gave his alternative approach the name of osteopathy, and he began plans that would allow his approach to spread. Still founded the first school of Osteopathic medicine in Kirksville, Missouri in 1892.

It is clear that osteopathy was not the invention of a wholly original idea of its founder. Rather, Still examined drugless approaches to medicine as in magnetism, Swedenborgian medicine, and bonesetting. He utilized various tenets of each of these theories that were related to one another to form a new, drugless approach to medicine. Based on the principles from these approaches, Still developed a practice that was based on the idea that dysfunctions of the musculoskeletal system would disrupt the flow of blood in the body leading to disease. This disease could be treated using manipulations, similar to what was seen in bonesetting, to allow the body of the afflicted individual to begin its healing process. This novel approach to medicine was called osteopathy by Still.

Osteopathy in the 19th Century

The history of osteopathy in the 19th century is often limited in discussion to the founding of the school at Kirksville, but osteopathy was greatly influenced by events occurring after the founding of the school and before the start of the 20th century. During the 1890s, osteopathy enjoyed a boom in its exposure. This was due in large part to the founding of the school as well as the support of the local community. Newspapers from Missouri, Iowa, Nebraska, and Illinois began reporting on the healing practices of Still. Patients were so thrilled with the success of their treatments that they were willing to openly discuss their conditions and treatments with reporters; this positive, in-depth exposure was essential to osteopathy expanding its patient base (Gevitz, 2004). This exposure brought a great deal of business to Still and his students, but it also brought the attention of medical authorities within the state of Missouri.

As was common with many alternative medical practices of the time, osteopathy faced great opposition by regular physicians (regulars). When they failed to eliminate Still's practice in the various towns of the Midwest, his opponents set to work to have a bill passed in the Missouri legislature to prohibit the practice of osteopaths in the state. The osteopaths were not content to allow their fate to rest in the hands of others, so they petitioned the legislature in opposition to such a measure. Thanks in large part to the efforts of the osteopaths the bill was defeated. Still and his followers made a decisive move which distinguished them from many other medical groups of the time. After they succeeded in defeating a bill detrimental to their practice, they "went on the offensive seeking specific legislation that would guarantee the legal right of D.O.'s to practice within Missouri's borders" (Gevitz, 2004). This was faced with great opposition from the

regulars in Missouri. The main tenet of their argument against the osteopaths was that their education was incomplete. During the early years of the school, and especially while Still was directly involved in the curriculum, clinical education, osteopathic principals, and anatomy were composed the entirety of the osteopathic education (Gevitz, 2004). The bill that would allow D.O.'s to practice unhindered in Missouri was eventually vetoed by the governor due to his concerns about the education of osteopaths. This is where we see the osteopaths do something that they would continue to do throughout their history, adapt. Still understood that if he wanted his idea to grow and prosper, he must make concessions. In 1896, Still announced that he would lengthen the course requirements for his students to graduate. He also declared that they would begin teaching physiology, midwifery, surgery, and medical theory and practice (Gevitz, 2004). This appeased the new governor of Missouri, and on March 3, 1897, the measure was passed into law.

The 19th century saw the creation of Still's novel medical approach. Unlike many other alternative approaches, osteopathy was able to establish a legal foothold in the United States. The osteopaths had proved their fortitude by standing toe-to-toe with the regulars and winning. They had also shown their ability to alter their approach for the greater good of their profession. This was evident in the fact that Still's approach had changed from one based on the theories of Swedenborg, Mesmer, and bonesetting exclusively to one that would include physiology, midwifery, and theoretical teachings. This fortitude and adaptability would continue with the profession as the 20th century began.

Osteopathy in the 20th Century

The start of the 20th century saw the osteopaths forming two groups, both vying for control and authority to determine the direction of the profession. The first of these groups was known as the lesion osteopaths. This group was loyal to the original theories of Still; they believed that osteopathic practice should consist solely of “find[ing] the alleged lesion along the spine or elsewhere and proceed to adjust it” (Gevitz, 2004, p. 61). The opposition had taken a more liberal interpretation of Still’s original tenets. The broad osteopaths, as they were called, believed that manipulation was important and necessary; however, the broad osteopaths did not believe they should limit their medical practices to this alone. They wanted to use any “means to best help the patient” (Gevitz, 2004, p. 61). The idea that the osteopath could serve as the complete physician and could incorporate various other medical treatments was first seen when Still made concessions to ensure the passage of the bill to legalize osteopathic practice in Missouri. During the first thirty years of the 20th century, the conflict between these two groups would shape the osteopathic profession.

Still and the lesionists believed that the addition of surgery and obstetrics to osteopathy made the practice complete. The broad osteopaths had other beliefs. The two groups debated at AOA conferences openly, but no compromise or final decision could be reached within the profession. Slowly, the majority of osteopathy began to side with the broad osteopaths. In 1912, the primary journal of osteopathy began to publish articles on the various treatment methods used by those in the broad sect. This seemed to mark the concession of the lesionists, as they could no longer prevent the alternative treatment methods of the broad osteopaths from entering their journal. This battle was one that

would reoccur as chemical and biological agents began to emerge as viable and standard methods of medical treatment that were definitively supported by laboratory science.

One aspect that must be considered whenever the battle within osteopathy is discussed is the educational struggles of that profession. Eight schools were reviewed by the Flexner report, and he concluded that not one ““of the eight osteopathic schools is in a position to give such training as osteopathy demands”” (Gevitz, 2004, p. 77). The schools were dealing with a serious issue; the legislatures of numerous states seized upon the findings of the Flexner report. They used the sub-standard education of the osteopaths against them. In states where medical boards had to examine D.O.’s before they could be licensed, “only 48% passed compared to 95% of the M.D.’s” (Gevitz, 2004, p.82). It is also worth noting that many of the leaders in osteopathy who supported a more liberal approach to their treatment methods were those who had both traditional medical and osteopathic degrees. The osteopaths again realized that a change was in order if the profession was to survive. From the 1930s to the 1950s, the AOA began investigating its own institutions and implementing new educational standards. The schools began hiring full-time instructors with advanced degrees; these changes showed a commitment to the more basic sciences, such as physiology (Gevitz, 2004). As the 20th century wore on, the osteopathic profession found a strong foothold in California. Moreover, these osteopaths began to fill the role of the broad osteopaths. That is, these osteopaths were the more progressive and experimental in the field. By the 1960s, the osteopathic profession was on the verge of one of the greatest decisions in its history.

The second half of the 20th century can be described as the AMA attempting to find ways to discredit the osteopaths. The California D.O.’s realized that their practices

were struggling relative to M.D.'s, and they concluded this was due to the poor name of osteopathy in certain parts of the country that had low educational standards (Gevitz, 2004). They decided it was time to make a change within the profession in order to improve their practices. The COA (California Osteopathic Association) and the CMA (California Medical Association) began discussions over a potential merger. The larger organizations, the AOA and AMA, did not begin talks due to the feeling that the osteopaths were inferior to those in the AMA. The AMA, under a California M.D. leader, made an effort to review the osteopaths with the intention of a merger. The AMA eventually voted this down. In fact, they conducted a review of five of the osteopathic schools and found it to be “cultist” (Gevitz, 2004, p. 110). The AMA would maintain variations of this view for several decades. In spite of this, the 1990s saw state funding of various osteopathic institutions, every state allowing unrestricted osteopathic practice, and tens of thousands of practicing osteopathic physicians.

History of Chiropractic:

D. D. Palmer

Daniel David Palmer was born in Pickering, Canada on March 7, 1845. D. D. lived quite humbly with his father and mother just outside of Pickering for the first twenty years of his life. Before the family fell on hard times, Palmer was educated by a local schoolmaster for a brief time. He eventually found work at a local match factory, but he was unable to work sufficient hours to earn a meaningful living. Palmer left the match factory and his family in Canada for new possibilities in the United States (Whorton, 2002). Palmer settled in Muscatine County in eastern Iowa, and he found work as a schoolteacher despite the fact that he himself had very little in the way of formal

education. Palmer earned a reputation as a particularly brutal teacher; in spite of this, he taught in various areas of eastern Iowa and western Illinois for five years. With hopes of planting roots, Palmer bought a plot of land in Eliza Township, Illinois (Wardwell, 1992). For ten years, he lived on his land in Illinois working an orchard and keeping bees (Whorton, 2002). This phase of his life ended rather abruptly when a particularly harsh winter in 1881 killed his bees forcing him to find a new way to support his family. Palmer moved his family back to Iowa near Davenport to become a grocer, and it was there that his son, B.J., was born (Wardwell, 1992). This will prove to be a particularly important moment in the history of chiropractic. In 1885, Palmer begins to turn his attention toward a career in medicine.

D. D. was drawn toward Mesmer's magnetic healing. As with many of the aspects of Palmer's life, exactly how he came to study and learn the ways of a magnetic healer are uncertain at best. By 1885, the sect was no longer in vogue. However, Palmer was able to attract quite a following in Davenport. It was reported that "[u]pwards of a hundred patients a day thronged to his offices" (Whorton, 2002, p. 167). Palmer claimed he had the capacity to cure someone with a sore throat and the ability to raise a woman from the dead (Whorton, 2002). While practicing magnetism, Palmer began to conclude that there was a relation of the physiological function to the physical nature of the body. On September 18, 1895, Palmer's conclusion was proven to him during a treatment session with the janitor of his office building. Harvey Lillard came to Palmer complaining that he had gone deaf after he had felt his back give way. Palmer described the account by explaining that in his examination:

A vertebra racked from its normal position. I reasoned that if that vertebra was

replaced, the man's hearing should be restored. [I] racked it into position by using the spinous process as a lever and soon the man could hear as before (Palmer, 1910, p. 18).

Palmer came to the conclusion that diseases could be cured by returning bones, specifically those of the spine, to their normal positions after he healed a woman of her heart disease shortly after the Harvey Lillard experience. Palmer concluded that since these diseases were so dissimilar and were evidently caused by displaced vertebrae, other diseases must also have similar origins and treatment options (Whorton, 2002). This was how the field of chiropractic medicine came to be in the fall of 1893.

Original Principles

As we have seen, the beginning of the chiropractic profession was quite empirical. Palmer saw patients with various conditions, the common issue among these patients was a displaced bone in the spine, and the return of this bone to its proper position alleviated the disease. The principles of chiropractic medicine are not quite as empirical as this. Palmer laid down four principles that still lie at the heart of the chiropractic approach to medicine. The four tenets are:

1. Impulses are properly transmitted through the nerves, and produce normal functions in a state of health.
2. Any sort of pressure upon any part of the nervous system affects the efficiency of the nervous system, exaggerating or diminishing its capacity for transmitting impulses.
3. Pressure can be caused by substances adjacent to the nerve(s), by irritation of the sensory nerves, by toxins which can irritate sensory nerves, including

muscular contractions with a resultant pulling of the bone out of its correct position.

4. Slight pressure upon a nerve irritates; increase of irritation produces alteration of function which may develop even to a degree of paralysis (Law, 1975, p. 71).

The common theme among these four central principles is that disease is caused by the impairment of the nervous system, and this impairment is typically caused by the displacement of a bone. Palmer also added one more essential component to his new approach: innate intelligence.

It is clear that Palmer was drawn to metaphysical ideologies due to his time as a magnetic healer. One of the most important aspects of the chiropractic approach would be one that is quite similar to the aspects of magnetism that we have previously discussed. Palmer believed that in the universe there existed a vital force of the human body that was ““a segment of that Intelligence that fills the universe”” (Whorton, 2002, p. 170). He called this force innate intelligence, and he believed that it was responsible for maintaining health in the body. Palmer went so far as to say that this innate intelligence travelled through the body via the nerves and the nervous system (Whorton, 2002). This last tenet is what made chiropractic unique in the medical field. The principles of chiropractic as laid out by Palmer make it clear that the use of manipulation, or subluxation as he calls it, is necessary to treat conditions that have hindered the flow of innate fluid throughout the body by compressing or impinging a nerve. Once the affected nerve was freed from hindrance by subluxation as done by the chiropractor, the innate fluid would heal the body. These were the principles and ideals taught to the first chiropractic students of Palmer’s school in Davenport, and these were the ideas he

discussed in his 1910 work *The Chiropractor's Adjuster: Text-Book of the Science, Art and Philosophy of Chiropractic for Students and Practitioners*. Through Palmer's work and suppositions about health, the metaphysical, and disease, the field of chiropractic was born.

Chiropractic in the 20th Century and B.J. Palmer

If D. D. Palmer is the discoverer of chiropractic medicine, then it is fair to say that his son, Bartlett Joshua (B. J.), is its developer. Although he was only thirteen years of age at the time of the first chiropractic adjustment, he quickly became enveloped in the practices and principles of the new profession of his father. D.D. Palmer began chiropractic with the idea that it would be kept within his family, but B.J. wanted his father to share his methods with the world. After a "narrow escape from a railway accident", D.D. realized that "his innovation would be snuffed out if he died" (Moore, 1993, p. 45). This conflict of interests between the two would be the one of many as the profession was advanced.

Shortly after the turn of the 20th century, the chiropractic profession was in dire straits. In 1902, D.D. Palmer suddenly departed from the Palmer School and Cure due in large part to mounting debt, legal issues, and very slow growth of his school (Moore, 1993). A twenty year old B.J. Palmer took charge of the school, settled its debts, and went about the business of growing the profession. For three years, the elder Palmer moved across the country in various attempts to establish another school. In Portland Oregon, he succeeded in establishing a school with two physicians he had taught the principals and practices of chiropractic. Shortly after this, they dismissed him from their endeavor (Moore, 1993). He continued to wander until he returned to Davenport in 1904.

D. D. and B. J. began working together again at the school in a relationship that was tumultuous (Turner, 1931). By 1906, the discoverer of chiropractic was in another legal battle. D.D. was indicted for practicing medicine without a license in Iowa, and after a brief trial, he was found guilty (Moore, 1993). In order to prevent future legal issues for him and the school, D. D. signed over his rights to the school and its property to B.J.'s wife Mabel. Upon his release from jail, D. D. attempted to return to the school. B.J. met him at the door and refused his entry "advising him that he no longer held property interests in the school" (Moore, 1993). Another major conflict between father and son was soon to follow.

The two Palmer's were not able to settle their dispute, so the issue was taken to court. Eventually, B.J. had to pay his father \$2196.79 for the rights to the school; D.D. would never forgive his son for this, and he left Iowa for his brother's home in Oklahoma (Moore, 1993). This left B.J. in charge of the only tangible stronghold for chiropractic in existence. B.J. began to make his own suppositions about the nature of chiropractic. He strayed from the innate intelligence theory of his father in favor of one that theorized "that all nerves originated in the brain and passed energy down the spinal cord through the intervertebral foramina to the various parts of the body by 'direct mental impulse'" (Palmer, 1910, p. 507). B.J. went on to say that the brain was the primary regulator of bodily operations while Innate Intelligence was secondary (Moore, 1993). These alterations infuriated D.D. Palmer. B.J. further solidified his position as the new head of the profession when, in 1907, he went to the aid of a practicing chiropractor in Wisconsin who was charged with practicing medicine, surgery, and osteopathy without a license.

Palmer's lawyer won the case, but that same lawyer set the basis for a schism in the profession.

In the trial, the defense attorney was able to definitively show how chiropractic was distinct from osteopathy based on differences in manipulative techniques and philosophy. B.J. Palmer examined the philosophy aspect as set forth by the attorney, which came from *Modernized Chiropractic*, and he began forming a new philosophy for the profession (Moore, 1993). This new philosophy was a hybrid of his father's original tenets and the medical philosophy found in *Modernized Chiropractic*. This new philosophy was more concerned with the material aspects of practice rather than the spiritual. It led B.J. and his colleagues to define two groups within the profession. There were the straights, those who followed B.J.'s notions of specific, pure, and unadulterated chiropractic, and there were the mixers, those who abandoned the Palmer methods for new ones that they developed (Moore, 1993). This schism is also one between those who believed in a more mechanical approach to chiropractic, typically the straights, and those who believed in a more harmonists or spiritual approach, the mixers and those who adhered strictly to the teachings of D.D. Palmer.

D.D. Palmer, the Discoverer, died on October 20, 1913 leaving B.J. with unrivaled control over the profession. He immediately set to work on uniting his divided profession by starting a lyceum or chiropractic camp to bring mixers and dissenters to his side (Moore, 1993). This event attracted thousands of chiropractors to Davenport, and it gave Palmer the opportunity to showcase the profession and unite its practitioners. B.J. had done a fine job of growing the profession rapidly. Under his tutelage, the chiropractic methods and practices were spreading. He was a very inspirational influence on his

pupils, and aside from chiropractic knowledge, he offered them lessons on how to spread their system. One saying of which he was particularly fond of was “Early to bed and early to rise-Work like hell and advertise” (Whorton, 2002, p. 188). This saying summarizes the business-like methods with which B.J. Palmer approached the profession. He understood that if chiropractic was to survive, the people had to know that it existed. Palmer’s business approach to the profession had its limits, and in 1924, he would discover this.

At the lyceum of 1924, Palmer introduced his Neurocalometer. The device was supposed to be able to detect the heat released by nerves. Palmer stated that the neurocalometer “was to be slowly moved down the spinal column; when it measured a temperature differential, there must exist a subluxation on the side of higher temperature” (Whorton, 2002, p. 189). This device, Palmer believed, would revolutionize chiropractic treatment. Along with his new device came long list of stipulations and requirements for those who purchased a neurocalometer. First, only members of Palmer’s Universal Chiropractic Association could purchase one. The regulations specifically prohibited any member of the American Chiropractic Association (ACA) from joining as this was the organization for the so called mixers of the profession. Finally, the device could not be purchased outright. Those UCA members wishing to use one in their practice could lease the device for a one thousand dollar down payment along with ten-dollar monthly installments for at least ten years (Whorton, 2002). Much to the surprise of Palmer, the device was not an immediate success.

One of the first criticisms of this new diagnostic tool was the implications that it had regarding the chiropractic philosophy supported by B.J. Palmer. The use of

diagnostic tools other than ones own hands was the modus operandi of the mixers. Many of Palmer's primary supporters and fellow straight chiropractors were outraged at the idea of using such a device in their practice (Whorton, 2002). The reaction of many chiropractors also made it clear that Palmer's business approach to the profession had gone to far. Many of those who followed him saw the move as a "blatant money grab" (Whorton, 2002, p. 189). While around two thousand chiropractors did initially lease a neurocalometer, the long-term effects of Palmer's unpopular action became apparent almost immediately. Attendance at his annual lyceum and his own school plummeted. Palmer had lost his dominant role in the field in one fatal move.

Without the efforts of B.J. Palmer, the chiropractic profession would have struggled greatly to survive past the death of D.D. Palmer. One of the most threatening battles that B.J. had to fight was the seemingly never-ending legal battle of chiropractors against both allopaths and osteopaths. Chiropractors were under constant threat of being indicted on charges of practicing both allopathic and osteopathic medicine without a license. In fact, groups of practitioners from both sects would sometimes send "sneakers" to act as patients of chiropractic in an attempt to find evidence of malpractice (Whorton, 2002, p. 179). In court, some of the strongest allies these chiropractors had were their successfully treated patients. They would often testify that the treatment was solely chiropractic in nature; they would also put an emphasis on the successful nature of their treatments to ensure malpractice claims could not be substantiated (Whorton, 2002). By the late 1920s, the chiropractic profession had started the American Bureau of Chiropractic which was responsible for educating the public about chiropractic in an attempt to decrease legal issues. One of the figures who would play a central role in

assisting chiropractors in gaining licensing abilities in various states was the attorney recruited by B.J. to help one of the first chiropractors accused of practicing osteopathy without a license, Tom Morris (Whorton, 2002). B.J. also publicly touted the benefits for mothers during childbirth, a risky operation during the early 20th century, of using the chiropractic system; this helped chiropractors receive licensing as midwives as well as practitioners (Whorton, 2002). By the 1920s, thanks in large part to the efforts of B.J. Palmer, chiropractors could receive licenses in twenty-five states and the District of Columbia. By 1974, chiropractors could be licensed in all fifty states (Whorton, 2002). The efforts of B.J. Palmer were essential to the development and entrenchment of chiropractic into the American medical field. Throughout the duration of the 20th century, chiropractors continued to treat patients using many of the original principles and practices laid out by both D.D. and B.J. Palmer.

In the late 19th century, D.D. Palmer set out to revolutionize medical treatment with his chiropractic approach. He succeeded in establishing his system with determination and passion. His son, B.J. Palmer, further developed and spread chiropractic throughout the globe. Together, they succeeded in introducing the world to a medical practice that is still alive and well today; the practitioners of this system have stayed true to many of the original tenets of chiropractic. This makes chiropractic very unique in the medical field today.

Modern Practices

The histories of osteopathy and chiropractic are varied. Their origins and evolutions are very similar in certain aspects but entirely dissimilar in others. At every stage of the development of these professions, they have been compared and contrasted to

the mainstream practices of the time. The principles that existed at the founding of both of these professions and those that guided them through the 19th century have been discussed, but now we will examine the practices that govern these fields today. Again, we will examine the differences in their practice in the light of M.D.s today.

Osteopathy

It was apparent during the examination of the history of osteopathy that as it progressed, there was a definite movement within the profession toward more orthodox approaches to medicine. This was seen most readily when members of the profession demanded the inclusion of surgery and obstetrics in the practice. It was seen again when the evidence supporting vaccines became overwhelming and the osteopaths again opted to include vaccines in their suggested treatment regimen for their patients in order to provide the best possible care and to stay relevant in the medical field. The one tenet of osteopathy that has remained since the days of A.T. Still was osteopathic manipulative treatment (OMT). This key difference, as well as certain beliefs about the etiology of disease, has resulted in the existence of separate board examinations and residency programs between the osteopathic and allopathic practitioners.

One of the key differences between osteopathic and allopathic physicians is the inclusion of the teaching of manipulative techniques. The American Osteopathic Association's website states that D.O.s use OMT "to diagnose illness and injury and encourage your body to heal itself" (About Osteopathic Medicine). The website also discusses how OMT is an integral part of the education of osteopathic physicians today. In addition to stating that OMT is still taught regularly at the thirty osteopathic medical colleges, the website also includes numerous conditions which are treatable with OMT.

The AOA states that OMT can be used to treat “muscle pain, asthma, sinus disorders, carpal tunnel syndrome, migraines, and menstrual pain” (Osteopathic Manipulative Treatment). Despite the treatment potential of OMT, something interesting can be inferred from the very same websites that touts these treatment options. The AOA states that “[m]any osteopathic physicians incorporate OMT into the care they provide” (About Osteopathic Medicine). The operant word in that statement is “Many”. It can be implied, and correctly so, that the use of OMT is not universal amongst the members of the osteopathic profession. This inference can be substantiated if certain studies conducted about the use of OMT by osteopathic physicians is consulted. A 1974 survey conducted by the National Center for Health Statistics found that “of 53.5million patient visits during the year to office-based D.O.’s, fewer than 9.1million (or less than 17 percent) included OMT” (Gevitz, 2004, p. 141). This is obviously a steep decline in the percentage of osteopaths performing manipulations early in the century; once again, we see a trend in osteopathy to conform to the orthodox medical practices. The idea that OMT is on the decline was further confirmed in a study conducted in 2001. In a study conducted by two instructors at the Michigan State University College of Osteopathic Medicine, the researchers made similar findings to those in the 1974 study. The Michigan State study found that of the 955 osteopathic physicians surveyed, “over 50% of the responding osteopathic physicians used OMT on less than 5% of their patients” (Johnson & Kurtz, 2001). Yet again, we see that the use of OMT is on the decline. Johnson and Kurtz confirm this conclusion when they state “OMT is becoming a lost art among osteopathic practitioners” (Johnson & Kurtz, 2001). It is clear that OMT is no longer the corner stone of osteopathic clinical medicine. As the medical world moves toward a more

evidence-based approach, it is clear that osteopathic medicine has once again altered its medical practices in accordance with the accepted orthodox approach.

One of the primary reasons that osteopathy was founded, as we have seen, was to offer a viable alternative to the use of drugs for the treatment of illness. As much as OMT has gone to the wayside in terms of clinical use, the use of prescription drugs has become just as commonplace for osteopaths as it has for allopathic physicians. This much can be determined by simply visiting the website of the AOA. There, they state that osteopaths can prescribe medicine and serve as surgeons and any other specialty (About Osteopathic Medicine). Again, we see that there has been a clear and definite shift in the practices and principles of osteopathic medicine in the direction of mainstream medical practices. Some decisions made in recent years have made it clear that the osteopathic profession as a whole has a desire to essentially merge with the allopathic physicians in both education and practice.

The AOA has taken a step that has the potential to blur the already ill-defined line between osteopathic and allopathic medicine even further. Beginning in 2020, “both allopathic and osteopathic graduate medical programs will be accredited under a uniform system” (Bendix, 2014). Currently, osteopathic and allopathic physicians undergo a separate system for accreditation. This means that the osteopathic system has, to an extent, a focus on the manipulative aspect of the profession. This move has not been popular amongst many D.O.s. In fact, Dr. Craig Wax, D.O., stated that “[he’s] concerned this is being rammed down members’ throats without due consideration of the consequences...Practicing D.O.s are almost universally against this agreement” (Bendix, 2014). Again, we see that there is a split in the opinion of the osteopaths as major

decisions are being made. Some of the consequences that this move may result in is reduced physical contact with patients due to a further decrease in the use of OMT. It is also going to result in a loss of identity as a profession distinct from allopathic physicians. One thing is quite apparent, osteopathic medicine has made it clear in both their clinical practices and their educational standards that they are willing to accept the orthodox principles even at the expense of maintaining a unique identity in the medical field.

Chiropractic

The chiropractic profession has faced many of the same difficulties regarding the right to practice as the osteopaths. One key difference was that they were prosecuted on two fronts from both osteopaths and allopathic practitioners. Another key issue that led to the delay in the ability of chiropractic practitioners to practice freely was their determination to stay true to the treatment and diagnostic practices that have existed since the days of D.D. and B.J. Palmer.

One of the main differences that can be inferred from the American Chiropractic Association (ACA) is that the scope in which chiropractic is used has changed over the years. They state that:

Chiropractic is a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. Chiropractic care is used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches (About Chiropractic).

They list four primary uses of chiropractic, but it is hard to determine what the other conditions that chiropractic can treat are. This suggests that the scope of chiropractic has shifted away from the role it once played as being providers of primary care. The ACA also discusses in more detail the conditions specifically treated by D.Cs. In a paragraph, they reserve one sentence to discuss the conditions aside from musculoskeletal issue treated by chiropractors by saying that "the benefits of chiropractic care extend to general health issues, as well, since our body structure affects our overall function" (About Chiropractic). Again, it is unclear as to what these general issues are, so it seems as if the profession has narrowed its approach to medicine by focusing on caring for issues in the back, neck, and joints. Aside from the alteration in the conditions which chiropractors treat, the idea of using manipulation as a means to promote whole body healing has remained unchanged.

One key difference that must be discussed when examining the chiropractic profession with respect to osteopathic and allopathic physicians is the limits they face with regards to treatment. The ACA states that chiropractors "practice a drug-free, hands-on approach to health care" and "provide nutritional, dietary, and lifestyle counseling" (About Chiropractic). This is quite accurate since, unlike osteopathic physicians, chiropractic physicians do not yet have the ability to prescribe medications to their patients. From this, we see that chiropractors treatment options are limited to manipulation and recommendations for alterations to the diet or lifestyle of their patients. This supposition is confirmed by the ACA when they state that a chiropractors education is to train them to "diagnose health care problems, treat the problems when they are within their scope of practice and refer patients to other health care practitioners when

appropriate" (Chiropractic Education). The ACA seems to make it apparent that there is a limited number of conditions which chiropractors can treat, but they mix this message when they discuss the "other conditions" that chiropractors can treat. To date, chiropractors have stayed loyal to many of their original tenets by continuing to use drug-free treatments and manipulations.

Practitioner-Patient Interactions

One aspect of medicine that is often difficult to understand or quantify is the interactions that occur on a daily basis between practitioner and patient. As we will see, there is something to be said for the importance of these interactions in alternative medical practices as well as mainstream practices. The success that osteopathic and chiropractic medicine have enjoyed is due, in part, to their success with interacting with patients. Major hospitals and systems are beginning to realize the importance of such interactions, and the same can be said for medical schools as most major institutions are implementing an increase in social science education as part of their curricula.

Osteopathy

As we have seen, the osteopathic profession has altered itself from being a complementary medical approach to being on the verge of taking on the identity of allopathic physicians in everything but name. When the interaction between physician and patient is considered, there are several aspects of this encounter that must be considered. These include the actual encounter between the patient and the physician, the location of the practice, the manner in which the communication occurs, and the involvement of the patient in the treatment.

An important aspect of every interaction that occurs between a patient and physician is the actual interaction that occurs between the patient and the physician. The AOA makes it a point to discuss exactly what a patient can expect when they visit with an osteopathic physician. They separate the total interaction into four distinct phases. The first phase is the "Interview" during which "the DO will talk with you about your medical history. In addition, you will be asked about such factors as your home, work, and family life" (About DOs). The next step of the visit to the physician involves the actual examination. As stated on the website, the D.O.:

will do a complete physical exam. If necessary, tests will be ordered. The physician will do a structural exam, which starts by checking your posture, spine, and balance. The DO will then use fingers to feel your back, hands, and feet. Also, the physician will check your joints, muscles, tendons, and ligaments (About DOs).

After the interview and examination are concluded, the D.O. will make a diagnosis of the condition ailing the patient. Following the diagnosis, the D.O. will make a treatment recommendation. According to the AOA, this will include recommending "a treatment plan. This may include such options as drugs and surgery. It may also include OMT. Depending on how severe your problem is, you may need more than one OMT session" (About DOs). The process of visiting an osteopath will follow some variation of this procedure. There are a few things worth noting when considering this system.

One of the most apparent aspects of an examination by an osteopath is the amount of touching that occurs. The examination phase of the visit involves a great deal of touching of the patient by the physician. This is worth noting because "trust needs touch"

(Handy, 1995, p. 40). If a patient is going to return for multiple visits to the same physician or one in the same field, they must trust that physician. Osteopathy makes a connection through touch with their patient on the first visit during the examination. This touch is crucial for building long-term relationships with patients. It is easy to understand how crucial this relationship building was in the early days of osteopathy to establish trust in the new system. This ability to build trust was important for the survival of osteopathy.

Another crucial aspect of every patient-physician interaction is the manner in which communication occurs. It has been shown that there is a "correlation between effective physician-patient communication and improved patient health outcomes" (Stewart, 1995, p. 1423). From experiences with an osteopathic physician, I can state that the treatment plan discussed by the AOA is typically very extensive. This usually involves educating the patient on the condition itself, explaining why it causes the symptoms they are experiencing, explaining why the course of treatment was chosen, and encouraging the patient to make a log of any questions they have between the initial and follow up visits. In these ways, the osteopathic physician is giving the patient an active role in their treatment. One manner in which the osteopathic physician communicated with the patient was quite interesting. He would suggest treatment options. The osteopath always made it a point to encourage an action rather than demand one. This gives the patient a feeling of being more involved in the process of their treatment. This serves to increase the likelihood of patient compliance and build confidence in the treatment as well as the physician. This is another way in which the osteopathic profession has

increased its trust with their patients; it also provides another example of practices they have used to remain relevant as a field.

A major part of the patient-physician relationship that is essential for effective treatment is the involvement of the patient in their treatment plan. This is very closely related to the communication involved in the treatment. In my experiences with osteopathy, the physician encouraged his patients to make notes about the way they felt at various stages of the illness. This included how they felt when they first became symptomatic, what reaction they had to any medication they took, and what finally made them seek help. He also encouraged them to continue these practices after the visit. Another manner in which patient involvement was encouraged was through decision making. Typically, the physician would offer the patient multiple treatment options; he would then educate the patient about each option. The patient was then allowed to make a decision based on the treatment description given by the physician. Again, we can see how this involves the patient in their treatment more directly. The logic behind this method is that the patient will have a better understanding of how and why they are following a treatment course. This, in turn, will increase the likelihood that a patient will stay true to the treatment.

It is interesting that many of the early tenets of osteopathy have proven essential for the profession as it moves forward. The examination process encourages immediate physical contact with the patient. This contact is central to the forming of a trusting relationship between physician and patient. The physician builds this relationship by communicating with the patient effectively and educating them on their condition and treatment options. The patient and physician then reach a decision for treatment based on

these discussions. This system promotes overall health of the patient rather than treating only acute ailments since the patient is more likely to follow the lifestyle suggestions commonly made by physicians.

Chiropractic

The chiropractic profession has remained true, in many ways, to its initial tenets. The main consequence of this is that chiropractic is still considered to be an alternative health care option. According to Coulter, this means that the first visit for a patient to the chiropractor is exceptionally important (1999). Coulter breaks the chiropractic visit down into seven stages: “The initial contact, the formulation of diagnosis, the chiropractor’s explanation to the patient, the negotiation of a treatment plan, the delivery of care, evaluation of the treatment, and termination of the case” (Coulter, 1999, p. 98). An examination of these stages will allow us to better understand the importance of the physician-patient interaction within chiropractic.

During the initial visit, there will be a rather lengthy examination. As with osteopathic, this examination inevitably involves physical touch; again, there is an immediate movement toward building a trusting relationship. Coulter discusses the process of the diagnosis. This process is very closely related to the initial contact. The “diagnosis is derived from the patient’s medical history and physical examination” (Coulter, 1999, p. 100). Coulter also notes that the method of examination to reach a diagnosis varies among chiropractors depending on their education and what school of thought they belong to within the profession. This differs from the methods of osteopathic and allopathic medicine, which rely on the use of diagnostic tests that are standard for patients with a given set of symptoms.

After these two phases of the visit are concluded, the patient is given an explanation of their condition. As with osteopathic and allopathic medicine, this offers another opportunity for the physician to build a trusting relationship with the patient. This is one of the phases of the treatment, Coulter believes, that chiropractic has a distinct advantage over orthodox medical approaches. The explanation can often seem convoluted to patients of allopathic or osteopathic physicians due to the complex biological and pharmacological language required. The chiropractic explanation is much more simple since it deals exclusively with mechanical function, so it is more relatable for patients (Coulter, 1999). The ability for chiropractors to make ailments and treatment decisions more accessible to the understanding of patients has proven essential in their progression as a profession.

The treatment utilized in chiropractic also offers more insight into how they develop a strong relationship with their patients. Chiropractic treatment is a near perfect example of cooperative care. This can be seen most literally during cervical manipulative treatments. The patient must relax to allow for a successful adjustment. The method of chiropractic treatment is also constructed in such a way that the contact with the practitioner is drastically increased. The United States Census Bureau reported that the average American visits their physician about four times a year (2012). Coulter and colleagues reported in a study that patients visit chiropractors fourteen times on average for lower back pain and nine times on average for other conditions (1996). The increased contact that chiropractors have with their patients makes a major contribution to their ability to build trusting and meaningful relationships with their patients. This varies greatly from standard medical practices where a patient is generally evaluated, diagnosed,

provided treatment, and returns only if the condition persists or a follow up visit is necessary for evaluation purposes. As with the examination, we see that the treatment utilized in chiropractic is “highly personal, it involves a high degree of physical contact between the patient and the provider” (Coulter, 1999, p. 103). The chiropractic method of treatment also requires a deal of work by the patient in between visits. They typically make suggestions for lifestyle, diet, or work habit changes. This provides the patient with accountability for their course of treatment, so the patient feels as if they are working with their provider rather than obeying a treatment regimen. Again, this provides a means by which the provider and the patient can build a relationship. For chiropractic, this relationship is essential because as we have seen they require that their patients return regularly for their treatments.

The evaluation of the chiropractic treatment is unique when examined alongside the osteopathic or allopathic approaches. In standard medicine, the physician carries out evaluation to confirm the efficacy of the treatment. This is not the case in chiropractic; there is not a single evaluation conducted at the end of a treatment. Before each treatment session after diagnosis, there is an evaluation of the treatment. This usually involves the patient attempting a range of motion; this means that the chiropractor will observe any changes, but it also means that the patient has a direct role in evaluation (Coulter, 1999). If the chiropractor is not satisfied, they can simply perform an adjustment to remedy the situation. The final stage of chiropractic treatment poses the greatest threat to the profession. The termination of treatment can be a complex process. While chiropractic treatment relies on repeat visits, these must conclude at some point. The chiropractor cannot conclude treatments prematurely as the patient may not have made satisfactory

progress in the treatment of their condition. If the treatment is extended too long, the chiropractor runs the risk of having their patient feel as if the therapy is ineffective (Coulter, 1999). The chiropractor relies on their ability to build a trusting relationship with their clients to ensure that they will return when another condition occurs. It is through the treatment of multiple conditions rather than one chronic condition that chiropractors expect to maintain a patient base. This is an approach that can only be done if they succeed at building a strong relationship with their patients, and this is something that the chiropractic profession has proven they can perform effectively.

Conclusion

The histories of osteopathic and chiropractic medicine reveal the paths they have taken to become what they are today. Osteopathic medicine began as an alternative medical approach. As medical knowledge advanced, osteopathic medicine altered to account for these changes. The willingness to alter their practice to stay relevant remained a common theme throughout the 20th century. After a century of these concessions, the differences between osteopathic and allopathic medicine have become trivial. Today, osteopathic physicians practice in hospitals alongside allopathic physicians; they perform surgery, prescribe medicine, and are nearly impossible to distinguish from allopathic physicians. Their holistic approach to medicine has remained as they still place priority on preventative health.

Chiropractic medical history also reveals a great deal about this profession. Like osteopathic medicine, it began as an alternative medical approach. As medical technology advanced, chiropractic medicine stayed true to its original tenets; therefore, it has remained an alternative approach. Today, chiropractors still utilize many of the same

techniques pioneered by D.D. and B.J. Palmer. They still maintain a drug-free, hands-on approach to medicine.

The osteopathic and chiropractic can teach us a great deal about health care in general, and specifically, the patient-physician interaction. The majority of osteopathic physicians pursue careers in primary care. In primary care, physicians have ongoing relationships with patients that can last a lifetime. This requires that they build trust with their patients, and there are several ways they do this. Osteopathic physicians rely on physical contact and skillful communication to build lasting relationships with patients. This is hindered, in some ways, by the fact that orthodox medicine can be complex and hard to relate to for lay people. Chiropractic physicians deal exclusively with primary care as they have remained an alternative medical approach. Chiropractors utilize touch in every visit to establish relationships with patients. They also utilize treatment methods that require multiple and frequent visits ensuring contact with their patients. They educate their patients on their condition and treatment, but they can do this in a more relatable manner as they are not confined by modern medical approaches. Using these mechanisms, they are able to build trusting relationships with patients, which is absolutely essential for the survival of chiropractic medicine.

There is a great deal that allopathic physicians can learn from these two approaches to medicine. Patients who utilize chiropractors and other forms of alternative medicine often do so after standard medical practices have failed them. In fact, around thirty-eight percent of Americans spend \$39 billion annually on complementary and alternative medical treatments (NCCIH, 2009). There is clearly a market and need for alternative medicine in this country. One of the common themes that can be seen when

examining the differences in these alternative approaches and standard practices is the relationships that alternative medical practitioners build with their patients. Allopathic physicians can learn a great deal about how to better connect with patients by examining these medical practices. While an allopathic physician does not have the benefit of dealing with conditions that are exclusively mechanical as with chiropractic medicine, the physician can still work harder to make medical conditions and treatment options more understandable. Creating a positive environment for healing by promoting education and trusting relationships has the potential to increase the efficacy of patient care. Many hospitals are working toward providing a larger focus on patient well being as opposed to focusing solely on treating acute ailments. This follows the model of osteopathy and chiropractic.

While there has been a historical boundary between allopathic medicine and the alternative counterparts, it may be time to reconsider this approach. Alternative medical approaches themselves may not be founded in science, but this does not mean that they do not help patients. The positive relationships that these alternative approaches build with patients are at the center of their efficacy. If allopathic physicians can utilize some of the techniques of alternative medical practitioners to build positive relationship with patients, they can improve the quality of medical care they provide. The patient is the priority in medicine, and if relationships can be improved between physicians and patients, then treatments will become more effective.

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