

**Routine Check-Ups, Prevention and
Public Health**

Chapter Outline

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I. OVERVIEW

The practice of chiropractic includes chiropractic examination and analysis to provide for prevention, acute chiropractic intervention, chronic case management, and long-term care plans. This chapter focuses on wellness and preventive care (designed to reduce the future incidence of illness or impairment) and health promotion (based upon optimal function).

Some confusion arises from the use of various terms to describe such care-including supportive care, maintenance care and preventive care. In this chapter, it is called "Routine Check-ups/Prevention.

Long-term ongoing health management has been a significant component of the chiropractic model of health care. Surrounding this is a wellness paradigm that recognizes related influences on health, emphasizes drugless, non-surgical management, and takes a positive dynamic view of health. In addition to periodic routine checkups, the model looks to the whole individual and requires active patient participation.

Prevention efforts emphasize patient responsibility and may include exercise programs, weight loss, dietary counseling, life style modifications, education on body postures and mechanics, mental attitude, coordination training, safety habits, ergonomics, spinal hygiene, modification of life stressors, etc.

Routine check-ups provide an ongoing basis for such patient education efforts as well as early detection of subluxation.

This type of management program, which combines health promotion, routine checkups/prevention services, and patient participation, is gaining much more widespread understanding and acceptance in today's more health conscious society.

In recent years, cost containment of health care has become a regional and national priority. It is certainly a concern of responsible health care providers and consumers, as well as health care insurers.

The spiraling costs are driven up by the unique character of the health care marketplace. It does not respond to the usual supply and demand dynamics. This results in the following anomaly:

1. A purchaser (3rd party payer) that pays for service(s) but does not order or receive them.
2. A consumer that receives the service(s) but does not order or purchase them.
3. A provider that orders service(s) but does not receive or pay for them.

This process potentially negates the visible accountability that normally exists between a patient and a doctor.

"Despite the overall health improvements achieved as a result of preventive interventions, the Nation continues to be burdened by preventable illness, injury, and disability. In 1960 the share of the Gross National Product (GNP) going to medical services was 5 percent. It is estimated to reach nearly 12 percent in 1990. Lost economic productivity attendant to illness and early death compounds the impact of this problem, so that in 1980 the total costs of illness equaled nearly 18 percent of GNP. Injury alone now costs the Nation well over \$100 billion annually, cancer over \$70 billion, and cardiovascular disease \$135 billion.

Sophisticated technology for the diagnosis and care of disease conditions has outstripped society's ability to pay for it."

Annual spending on health care is doubling every five years and could hit \$1.4 trillion by 1999, "Which is impossible to tolerate economically," said Dr. George Lundberg, editor of The Journal of the American Medical Association. In spite of the staggering expenditure on the nations health care, the health of the people continues to decline.

In the late 1990s the U.S. Department of Health and Human Services, Public Health Service, published a statement of health policy goals entitled Healthy People 2000. It is the product of a National effort of 22 expert groups, almost 300 national organizations and every state health department. More than 10,000 people were involved in public review and comment pertaining to Healthy People 2000.

Several statements, germane to this chapter, have been extracted from that document.

"The nation has within its power the ability to save many lives lost prematurely and needlessly. Implementation of what is already known about promoting health and preventing disease is the central challenge of Healthy People 2000."

"But Healthy People 2000 also challenges the Nation to move beyond merely saving lives. The health of a people is measured by more than death rates. Good health comes from reducing unnecessary suffering, illness, and disability. It comes as well from an improved quality of life...The purpose of Healthy People 2000 is to commit the Nation to the attainment of three broad goals that will help bring us to our full potential, namely to:

- increase the span of healthy life for Americans
- reduce health disparities among Americans
- achieve access to preventive services for all Americans

The challenge of Healthy People 2000 is to use the combined strength of scientific knowledge, professional skill, individual commitment, community support, and political will to enable people to achieve their potential to live full, active lives. It means preventing premature death and preventing disability, preserving a physical environment that supports human life, cultivating family and community support, enhancing each individual's inherent abilities to respond and to act, and assuring that all Americans achieve and maintain a maximum level of functioning."

The chiropractic community agrees emphatically with these goals. What the chiropractic profession has to contribute is a new dimension to the understanding of what is already known about promoting health. Federal officials have, however, been frank in acknowledging that the goals set in the Healthy People 2000 program have not been realized and many of the objectives outlined in that program have re-surfaced as still-to-be-attained in the newer version of that effort. This focus on health and prevention is, still, a welcome signal that the public health system is recognizing the importance of health and wellness instead of only addressing public resources on illness at the crisis stage. The International Chiropractors Association strongly encourages the extension and expansion of these concepts into all health and health care programs, both public and private, throughout

The chiropractic profession offers the fresh perspective of a vitalistic paradigm, emphasizing the expression of human potential. Furthermore, the chiropractic profession provides the service of detection, control and correction of vertebral subluxations and other malpositioned articulations and structures, thereby enhancing the optimum expression of function and health from within.

The focus of chiropractic is to empower the individual with the understanding that true health

comes from within. It is important to preserve the individual's right to make an informed choice about options regarding health care services. As chiropractors we embrace the challenge and welcome the opportunity to participate. Healthy People 2000 was a start, acknowledging the role personal choice plays in health promotion strategies. The chiropractic profession holds that the freedom of choice of each individual in selecting a health care provider is a vital consumer freedom and that such freedoms should be an integral part of all health care programs both public and private.

"Healthy People 2000 used the three approaches; of health promotion, health protection, and preventive services as organizing categories,.....It calls on medical and health professionals to prevent, not just to treat, the diseases and conditions that result in premature death and chronic disability. All are necessary. None is sufficient alone to achieve Healthy People 2000's goals and objectives." The chiropractic profession has a vital role to play in meeting these objectives.

In his letter in the foreward of Healthy People 2000, James O. Mason, M.D., Dr. P.H., Assistant Secretary for Health stated "I commend Healthy People 2000 to you and through you to the American people. This set of objectives for the year 2000 makes an important, compelling point to us and to all health policy makers: we can no longer afford not to invest in prevention. From the perspective of avoiding human suffering as well as saving wasteful costs for treating diseases and injuries that could have been prevented, the 1990's should be the decade of prevention in the United States."

Crisis care has formed the backbone of health care throughout the world. Waiting until a person develops an illness is clearly not cost efficient and is partly responsible for the fact that health care costs have become a worldwide crisis.

It is obvious that a person who is not "sick" and knows how to stay healthy will not increase health care costs and will in fact decrease costs.

The chiropractic profession is acutely aware of this situation and doctors of chiropractic are dedicated to the concept of assisting people to not only avoid crises care but, also to stay healthy by removing barriers which interfere with the body and erode the bodies ability to heal and maintain itself in a state of optimum health.

In the event that a person has experienced a health crisis, chiropractic care is highly cost effective in providing a unique service that will help an individual with his/her present crisis and lead him/her toward a healthier state.

II. LIST OF SUBTOPICS

- A. Routine Check-Ups/Prevention Services
 - 1. Disclosure
 - 2. Chiropractic adjustments used in routine check-ups prevention regimen
 - 3. Health Screening
 - 4. Health Promotion
 - 5. Wellness Care

- B. Public Health Considerations
 - 1. Community Based Screening
 - 2. Public Health Education

III. LITERATURE REVIEW

From the very beginning, the chiropractic model of health has had as its foundation the maxim that a human being is an ecologically and biologically unified organism. The relationship between a patient's internal and external environment must be understood. A major chiropractic premise is that the inherent recuperative power of the body aids restoration and maintenance of health. These principles comprise a wellness paradigm embraced by the chiropractic profession. The vertebral subluxation, along with other factors such as poor nutrition, trauma, heredity, congenital weaknesses, fatigue, mental and environmental stressors and sedentary lifestyles, are viewed as lowering resistance and creating physical disharmony. The chiropractic model requires active patient participation.

Patients initially presenting with a neuro-musculoskeletal problem often obtain a swift and favorable result. Then they may look to the practitioner for other health care needs.

Some patients require ongoing long-term care, others choose it. Insurance constraints, however, mandate that the practitioner indicate when maximum corrective benefit has been achieved. The effectiveness of chiropractic preventive/maintenance care has not been subjected to study by randomized trial, a process that presents major methodological and financial challenges, but is supported by evidence from case studies.

Third party payers have typically resisted reimbursements for long-term preventive/maintenance care. Nonetheless, there is growing consumer demand for this and chiropractic care generally, despite increases in out-of-pocket expenses.

It is helpful to the patient to understand their status to the level of care they are experiencing and when routine checkups/prevention services begins. The unique nature of each case makes it difficult to develop any standard schedule according to which patients should be examined and checked for subluxation indicators. The International Chiropractors Association conducted a detailed survey of 145 members inquiring as to the members' understanding of appropriate intervals for routine check-ups, based on their clinical experience. Responses varied somewhat but interval recommendations clustered between the two-week and three-week intervals as appropriate for chiropractic check-ups.

Extensive lifestyle and personal activity data exists that point to an increasingly sedentary population, increasing employment, social and environmental stress and other factors that are recognized as contributors to subluxation causation. While no definitive consensus exists regarding the optimal routine chiropractic check-up interval is likely to emerge in the immediate future, preliminary indicators show that a period of two to three weeks is reasonable for the patient with no immediate complaint or with no history that would indicate the need to specifically pre-schedule examinations and/or adjustive care.

The chiropractic profession has a specific role in the prevention of complaints of spinal origin, and in the development of strategies to avoid the need for more radical interventions.

Enhanced public awareness of environmental, psycho-social, and physiological issues through education and community action has forced preventive care into the public health agenda as the number one priority. Smoking cessation, weight control, nutritional considerations, stress reductions, advice about exposure to environmental pollutants and education in respect to the potential dangers of over-the-counter drugs are examples of initiatives affecting the chiropractic patient population worldwide.

IV. RECOMMENDATIONS

It is essential for all health professions to have a clearly defined mission statement. The doctor of chiropractic's primary mission is to locate, analyze, control, reduce and correct vertebral subluxations to allow the patient to exhibit his/her optimum healing potential.

1. A doctor of chiropractic should adhere to the paradigm statement on chiropractic as developed by the Association of Chiropractic Colleges and formally adopted by the International Chiropractors Association, America Chiropractic Association, the Foundation for the Advancement of Chiropractic Tenets and Science, and a host of other chiropractic associations and specialty groups.

5.1.1 **Rating:** Strong Positive Recommendation
Evidence: E, L

A Non-Duplication of Services

Doctors of chiropractic provide a unique body services. They do not duplicate the services of other health care providers.

Recommendation:

1. Doctors of chiropractic may restrict themselves to procedures necessary for the detection, analysis, control, reduction and correction of vertebral subluxations so as to non-duplicate services available from other health care providers.
2. Wherever possible, a doctor of chiropractic should avoid duplication of services by using the results of tests which may have already been performed by other providers.

It is self evident that unreasonable and unnecessary analytical procedures drive up health care costs. Therefore, the doctor of chiropractic should utilize the optimal number and types of analytical procedures, specific to the individual patient, necessary to obtain the pertinent data for the detection, analysis, control, reduction and correction of vertebral subluxations.

5.2.1 **Rating:** Strong Positive Recommendation
Evidence: E, L

B. Overutilization

Recommendation: Reassessments should be performed to adequately assess frequency of visits therefore providing the highest quality care in the most cost effective manner.

5.2.2 **Rating:** Strong Positive Recommendation
Evidence: E, L

C. Patient Education

Once educated about the benefits of chiropractic care, the patient should assume the role of becoming responsible for his/her own health as it relates to chiropractic care. A patient that understands the benefits of chiropractic care will utilize these services as a preventative type measure, thus assisting in the cost containment of the overall health care system.

Recommendation: The doctor of chiropractic should assume the responsibility of educating the patient as to the benefits of vertebral subluxation correction and prevention and how it relates

to their overall health and the health of everyone in the community.

5.3.1 **Rating:** Strong Positive Recommendation
Evidence: E, L

D. Patient Responsibility

In the interest of reducing health care costs, the doctors of chiropractic should always try to instill in the patient the following concepts of patient responsibility:

1. The patient should assume responsibility for their own health and that of their family where applicable and take appropriate care of themselves.
2. Compliance with the chiropractors recommendations, leading to reduction of visit frequency as soon as possible.
3. The more responsible each patient is for their own fees the less burden they will be on the nation's health system.
4. The patient, as well as the chiropractor, should accept the responsibility to avoid overutilization.

5.4.1 **Rating:** Strong Positive Recommendation
Evidence: E

E. Professional Regulation

Recommendation: All regulations should be developed to insure consumer safety and in light of the cost/benefit ratio when it impacts on consumer cost.

5.5.1 **Rating:** Strong Positive Recommendation
Evidence: E, L

F. Shared Resources

Shared resources may have a cost-effective value as in the following examples:

- Multiple providers sharing/using facilities or equipment.
- Centralized facilities housing cost-intensive equipment in lieu of duplication, e.g., video fluoroscopy, and MRI.
- Shared staff

Recommendation: When practical, multiple providers sharing resources is cost effective.

5.6.1 **Rating:** Discretionary
Evidence: E, L

G. Unlimited Chiropractic Care at a Fixed Fee

Doctors of chiropractic may use a fixed charge for a specified period of time for unlimited services. This is found to be an effective method of reducing costs to the purchaser, through reducing clerical and other overhead costs. Such programs must however be in compliance with applicable

state and federal laws and regulations.

5.7.1 **Rating:** Discretionary
Evidence: E

H. Routine Check-ups/Prevention Services

1. Disclosure:

Routine check-ups and prevention services are an integral part of the patient's overall health care. It is necessary for the practitioner to clearly understand the type and nature of this care they are being given and to give proper patient disclosure by the D.C.

5.8.1 **Rating:** Established
Evidence: Class III

2. Use of Chiropractic Adjustments

The clinical experience of the profession developed over a period of more than 100 years suggests that the use of chiropractic adjustments in a regimen of routine check-ups/prevention services has merit.

5.8.2 **Rating:** Established
Evidence: Class II, III

3. Health Screening

The importance of health preventive strategies is widely recognized. These services may have value in identifying early or potential manifestations of a health problem.

5.8.3 **Rating:** Established
Evidence: Class II, III

4. Health Promotion:

Preventive orientation to health through health promotion is well established. Health promotion provides the opportunity for chiropractic practitioners to promote health through assessment, education, and counseling on topics such as nutrition, exercise, stress reduction, life style patterns, mental attitude, spinal hygiene, weight reduction, smoking cessation, and ergonomics, among others.

5.8.4 **Rating:** Established
Evidence: Class I, II, III

5. Wellness Care:

Chiropractic is the largest, most established and widely licensed of the wellness oriented health professions. Wellness and the conscientious management of lifestyle strategies have gained popularity and acceptance. Chiropractic practitioners may choose to expand their practices to include those services that may influence a person's attainment of optimum performance and behavior, and in so doing, improve

health status. This kind of care is performance specific (i.e., quality of life) rather than condition (e.g., symptom) specific and is not intended to duplicate or invade the realms of other health care disciplines.

5.8.5 **Rating:** Established
Evidence: Class III

I. Public Health Considerations

6. Community Screening:

Community-based screening programs are commonly used by all disciplines to promote public health. Spinal screening by appropriate disciplines should be encouraged to promote public health.

5.9.1 **Rating:** Established
Evidence: Class II, III

7. Public Health Considerations:

The chiropractic profession has recognized the need to engage in the local, state, national and international agendas of public health. Such programs provide opportunities for education and understanding programs regarding spinal health, nutrition, exercise and life styles, drugs, alcohol, tobacco, and infectious disease, as well as environmental and other social issues.

5.9.2 **Rating:** Established
Evidence: II, III

V. COMMENTS

In this chapter a distinction has been drawn between two kinds of long-term chiropractic care: corrective/supportive care which has immediate clinical necessity; and routine check-ups/prevention services which is elective and focuses upon patient participation and wellness.

The chiropractic profession, which has always had a wellness paradigm and has stood at the forefront of the health promotion and wellness movements, must participate in research and that will better evaluate the basis and implementation of worldwide routine check-ups/prevention services.

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