



They spoke... have we listened?

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Even in a mild state of comatose while standing in line to check out at the grocery store, I am besieged with headlines predicting my future, intermingled with advice on how to flatten my stomach and how to improve my sexual experience. Futurists galore speckle the landscape – but none of these rag papers or popular magazines can be considered a revered source information by any stretch of the imagination. Nor can we place any confidence in their predictions. The closing of a decade - century - and the millenium, give further justification to add to the frenzy of predicting what is going to happen and what we must do to prepared for the change. I read that some were seeking refuge from those bombardments by seriously considering passage on a comet passing in the heavens. The chiropractic profession had its share of futurists. A review of who and what was said is needed to determine consistency of the message, usefulness of the predictions and the responsiveness of the profession. Time will serve as the critical arbitrator of the

value of what was said and done.

The Decade of the 1980's

FCER Survey – 1981

In this, “Era of Enlightenment” the Foundation for Chiropractic Education and Research conducted a Delphi study of leaders in the chiropractic profession to determine priorities for future research. (1) The survey identified the following priorities for future research:

Spinal Manipulative Therapy research emphasizing the need for controlled clinical trials to test the efficacy of this form of treatment.

Arthrological-Biomechanical research verifying the presence of a subluxation.

Instrumentational and Physiological research evaluating the effects of manipulation on various physiological parameters.

Psychological-Social research focused on demographic data, utilization patterns, costs and

patient attitudes.

Chiropractic Education and the value of seeking university affiliation.

ACA Interviews with Professional Leaders – 1985

In 1985, the American Chiropractic Association (ACA) published a series of interviews with prominent leaders in the chiropractic profession. The subject of the interviews, “Where do you see chiropractic in 1995 at its hundredth anniversary?” A brief summary of some of the participants should suffice for a flavor of the vision of the profession’s potential as it approached the final decade of its’ first century.(2) Russell W. Gibbons, Editor

Chiropractic History

“...the profession should attain total access within the health care community,...equal funding of its educational institutions by federal and state resources; hospital relationships for internships and residency; commissions for chiropractors in the military and the Public Health Service;...direct funding for chiropractic research...the baccalaureate degree will be a prerequisite to chiropractic college...”

Scott Haldeman, D.C., M.D., Ph.D.

“...the most important factor...will be the evolution of chiropractic science...Research will also cause a major revolution in chiropractic theory...chiropractors will gain access to hospitals, HMOs and clinics...and virtually any level of diagnostic testing or expertise.”

Reed B. Phillips, D.C., Ph.D. (cand.)

“...chiropractic has the potential of obtaining an authoritarian status in its areas of clinical effectiveness equal to that of all other health-care providers... We should not assume that being equal will assure an increased income and easier practice. Rather, being equal should suggest greater responsibility and accountability.”

Harry Rosenfield, Esquire, ACACounsel.

Seven visions for adoption: “1. A United Chiropractic Organization. 2. Scientific Research. 3. Peer Review. 4. Planning for the Future. 5. Chiropractic Colleges in the Mainstream of Higher Education. 6. Change of the

Profession’s Name. 7.

Acceptance As a Full-Fledged member of the Health-Care Community.”

Walter I. Wardwell, Ph.D., Professor Emeritus, University of Connecticut

“...likely alternative...would be for the professional role of the chiropractor to result in being not much different from that of the dentist, optometrist, or podiatrist.”

Dr. Caplan from Rutgers – 1989

Dr. Caplan, Rutgers University’s Department of Urban Studies and Community Health made the following observations: Chiropractic needs to establish the science of chiropractic to be able to defend the relationship between spinal misalignments and human disease. This must necessarily be done by the chiropractic colleges.

Chiropractic needs to help the public become familiar with the profession’s holistic health care paradigm stressing preventative health care and provide research findings supporting the efficacy of such care.

Chiropractic should take the lead in building an alliance with other holistic health care providers and draft members

from allopathic medicine who may be sympathetic to the cause.

The holistic practitioner alliance lead by chiropractic should be politically active at federal, state and local levels of government.

In summary, chiropractors should seek to establish themselves as scientific practitioners within a legitimate holistic health care paradigm which is distinct from, but compatible with, mainstream medicine.(3)

ACA Think Tank – 1989

The ACA stirred strategic planning for the decade of the 1990's through a "Think Tank" of the collective leadership of the profession. Dr. Louis Sportelli, ACA Board of Governors Chairman, challenged the participants to 1) prioritize issues, 2) debate problems, and 3) develop solutions. (4)

A total of 40 areas were identified as future strategic issues. The single top priority was the need to establish a national standard of care. Political issues were identified as the need to rectify problems in Medicare and ERISA. The area of social concern, the

"image" of the profession was divided into an external public perception and an internal problem of irresponsible behavior and negative attitudes. The third area of economic problems included unprofessional conduct, student and young D.C. debt, lack of clinical competence, inappropriate regulatory barriers, restraint on peer review and insufficient association membership. (5)

The following comments were gleaned from the Think Tank participants' remarks regarding, "Where will chiropractic be in the year 2000?"

Marino Passero, D.C., Member, Council on Chiropractic Education.

"There must be a maturing of chiropractic education...problem-based education...university affiliation...unity of thought on an issue-by-issue basis and agree to a commonality of actions..."

Michael D. Pedigo, D.C., Past Chair, International Chiropractic Association

"...the chiropractic profession well entrenched as a member of the mainstream healing arts...Interprofessional cooperation...providing services in

hospitals...several colleges will be in the university systems."

E. Maylon Drake, Ed.D., President, Los Angeles College of Chiropractic.

"...will be a major force in the health-care delivery system. Chiropractic education will undoubtedly be more closely related to the world of higher education and some existing colleges will enjoy university affiliation."

Russell W. Gibbons, Editor, Chiropractic History

"The '90s, however, should see the first of university affiliations, internship opportunities in hospital settings and final acceptance in provider roles in the armed services."

J.F. Winterstein, D.C., President, National College of Chiropractic

"...that some form of socialized health care will be in place...the practice of chiropractic will continue to expand and that the profession will be required to more clearly define its role."

Reed B. Phillips, D.C., Ph.D., Research Director, Los Angeles College of Chiropractic

“...professional unity unsullied by internal conflict based upon philosophical whimperings... acceptance into the scientific community founded upon valid scientific knowledge...a recognized partner in the delivery of managed health care as a primary provider...”

Alan H. Adams, D.C., Vice President of Chiropractic Education, Los Angeles College of Chiropractic

“The chiropractic profession must come to a consensus about its role in the health-care delivery system.”

Lee R. Selby, D.C., ACA Legislative Commission Chair

“The ACA/CCE affiliate colleges will have evolved a cooperative relationship with a local university...increased requirements for student graduation...one-year clinical externship will be required...Peer review mechanisms will have been re-established...Medicare and other federal insurance programs will cover more inclusive chiropractic treatment...The insurance ‘Golden Goose’ will become an extinct species and a great percentage of our practitioners will be salaried providers.”

Scott Haldeman, D.C., Ph.D., M.D.

“...the profession will have a few hundred (rather than a few dozen) chiropractors with Ph.D.s...Chiropractic journals will have developed much greater peer review and a higher standard of acceptance...There will be a body of knowledge to justify most aspects of chiropractic practice and a standard of practice based on published research...”

David Chapman-Smith, LL.B. (Hons), F.I.C.C.

“If chiropractic sends out a clear message of competence and professionalism...it will truly be flourishing in the year 2000 and forever after-not only with backs but everything touched by the nervous system.”

FCER, Evaluation of Federal Funding – 1991

The FCER commissioned Corporate Health Policies Group (CHPG) to study the question of chiropractic obtaining federal funds for research support. Their report served as a template for future professional growth. The study proposed several goals and recommendations: (6)

Goal 1: Establish more clearly the chiropractic discipline by defining a coherent body of knowledge that will provide a definition of the profession for federal officials and the public to consider when making their decisions about health care.

Goal 2: Increase chiropractic’s research capacity.

Goal 3: Increase communication with, outreach to, and interaction with investigators, policy makers, and health professions outside of chiropractic.

Goal 4: Expand the capacity of chiropractic educational institutions in order to keep pace with the internal and external requirements for training doctors of chiropractic consistent with the principles and standards of mainstream higher education.

Recommendations: The profession should develop and implement a plan for rapidly expanding the research and educational capacity at colleges. This plan must be based on a clear and supportable role for chiropractic in the health care system. Elements of the plan should include the following:

Establish higher standards for admission and academic performance.

Collaborate with other institutions of higher education to enhance the resources available for training DCs in the basic sciences, research, and basic clinical skills that are required of a physician in today's health care system.

Expand dramatically the scholarly activity by college faculty. Increase the clinical practices at the colleges in order to generate higher patient volumes, particularly patients with health problems within chiropractic's scope of practice, and to increase student training opportunities, clinical research, and college revenues.

Seek clinical arrangements in the broader health care environment to expand clinical capacity.

Make a major investment in faculty development.

Isolation or Integration – 1995

The Council on Chiropractic Education in January, 1995 brought leaders of the profession together to discuss the future of chiropractic in terms of the evolving health delivery system. The theme of the convocation was "Isolation or Integration." The Guidelines

for the Treatment of Acute Low Back Pain had just been released by the Agency for Health Care Policy and Research the preceding month. The following are excerpts from those presentations:

Gerard Clum, D.C., President, Life College of Chiropractic West

"Integration of chiropractic into American culture has occurred. The goal of integration within the health-care arena will be best served by maintaining our orientation to a vitalistic perspective rooted in the tradition of the chiropractic profession as a non-drug, non-surgical discipline whose focus remains the maximization of the ability of the body to marshal its own healing resources." (7)

William H. Dallas, D.C., President, Western States Chiropractic College

"Our primary concern has always been quality health-care for chiropractic patients. Providing chiropractors who wish to assume an expanded role with the authority in primary care provision appears to be in the best interest of our patients. The need for isolation-so necessary in our first century-is being replaced with

opportunities for integration." (8)

Ian Grassam, D.C., Southern Regional Director, International Chiropractic Association

"ICA believes the future of chiropractic can best be secured by a strong, unapologetic and uncompromising adherence to the unique principles and practices of our science." (9)

Scott Haldeman, D.C., M.D., Ph.D., Chair, Research Council, World Federation of Chiropractic

"Chiropractors are already in major universities doing research, in decision-making organizations such as RAND, in the administration of workers' compensation agencies, public health organizations and major national associations... There are no important decisions being made in the health-care delivery system or the research field regarding spinal conditions without the input or participation of individuals or organizations with an affiliation to chiropractic." (10)

Louis Sportelli, D.C.

"Chiropractic cannot follow

the medical model of health care, despite the fact that it currently enjoys the dominant place in health care today. It also cannot follow the old model of isolation and anti-science which permeated much of our professional existence. A new model must emerge.” (11)

Sid E. Williams, D.C.,
President of Life College of
Chiropractic

“We reaffirm that chiropractic is and should always remain a drugless health care profession, separate and distinct from medicine.

We reaffirm the vitalistic paradigm which is the very basis of chiropractic.

We uphold and proclaim to the world that the subluxation paradigm has been proven millions of times over through clinical practice and ongoing scientific research.

We affirm that, as a health-care profession, we abhor fraud... We pledge to encourage and support continuing scientific research...

We pledge to refrain from ridiculing and debasing fellow professionals whose only ‘crime’ is loyalty to the traditional and

unquestionably valid practice of locating and correcting subluxations.

We also pledge to work with all members of the chiropractic profession...to resolve all issues of dissention...

Finally, we acknowledge that chiropractors need to stop trying to be all things to all people.” (12)

James F. Winterstein, D.C.,
President, National College of
Chiropractic

“I believe there is no choice for us but to vigorously pursue a model of integration of chiropractic with other health-care delivery professions.

The following principles of integration are proposed: The chiropractic profession agrees to adopt and teach the standard medical lexicon while, at the same time, we preserve that which is meaningful to us...

The chiropractic profession accepts the need to practice standard diagnostic procedures as they relate to the evaluation and management of human health needs.

The members of the chiropractic profession accept the

method of scientific investigation as the highest form of determining that which is best for our patients...

Within an integrated health delivery system, chiropractic physicians will participate in the triage system with other physicians and will manage principally those patients who present with neuromusculoskeletal syndromes.

Chiropractic physicians will, as part of the integrated health delivery system, support those measures of disease prevention and human wellness which are generally accepted by other clinicians within the system. The chiropractic colleges will vigorously pursue educational programs which provide graduates with clear perspectives on the nature of the managed care delivery system and appropriate, ethical ways by which the graduate chiropractor can function within such systems.” (13)

Institute for Alternative
Futures – 1998

In an NCMIC funded study, the Institute for Alternative Futures studied the future and made recommendations for the chiropractic profession. Predictions for 2010 resulted in a series of

recommendations. (14)	Mission:	academic doctoral level expected of physicians...
Aspire: Clarify chiropractic's identity and vision	To work toward the betterment of the American public's health and well-being by increasing the quality and quantity of natural health services rendered by DCs.	All programs must be post-baccalaureate level by the year 2000
Determine: Chiropractic's role in primary care		
Engage managed care	Vision:	Natural medicine disciplines should be incorporated into the curriculum, including natural pain relief, nutrition, pharmacognosy, acupuncture, homeopathy, exercise and fitness, and psychoneuroimmunology. A postgraduate one-year residency program in 'manual medicine' should be mandatory for licensing of all doctors of chiropractic.
Champion health promotion	To make the chiropractic profession increasingly accepted and respected as a positive factor in the delivery of health services to the American public.	
Enable the chiropractor to practice more broadly	Goals:	Today's Chiropractic - 1999
Monitor, define, collect and share outcomes	To increase the integration of the chiropractic profession into the American health care system in order to improve the health and well-being of the American public.	
Communicate	Objectives:	In the last issue of the century, <i>Today's Chiropractic</i> dedicated space to predicting the future. In the first article, public relations specialist, Randy Southerland makes the following prediction:
Self-police the profession	To increase the percentage of the American population that utilizes natural health services provided by chiropractors by 200 percent by the year 2002.	
Don't produce surplus chiropractors	To achieve the fulfillment of this strategic plan, Dr. Jusino recommends a heavy emphasis on improved educational requirements: must re-engineer its education to meet the	<p><i>"The chiropractor of the 21st century will offer both high-tech and low-cost services. He will be an excellent communicator who will be a leader in teaching patients the value of a healthy lifestyle. He will be more scientific in his analysis and in proving the effectiveness of what he does, but his primary tool-the specific adjust -</i></p>
Promote health equity		
Stimulate frontiers of research and development		
A Private Practitioner's Point of View - 1998		
A series of four articles (15), Robert C. Jusino, D.C., M.P.H., advocated the development of a mission, vision, and a strategic plan with goals and objectives for the chiropractic profession. In part three of this series he presents the following:		

ment-will still be a moment of high art.” (16)

Fred Barge, D.C., Ph.C. engraved his “thots” in this issue. He believes it is our destiny to not only be learned in understanding patient symptomatology but serve as a teacher in health to our patients. The doctor of the future will care for the body as whole and will fill the role of family doctor. This same doctor will adjust the segments of the spinal column to remove subluxations when necessary. This doctor of the future will remain drugless and lead his/her patients to natural immunizations. (17)

Friendly Exchange, Job Predictions - 1999

In the Winter, 1999 edition of Friendly Exchange, Chiropractic was listed number ten of the 25 Best Paying Jobs for the 21st century with an average annual income of \$62,774. The physician was listed 1st (annual income = \$96,537) and the physical therapist was listed 25th (annual income = \$52,811). Of the Best Jobs for Self-Employed People, Chiropractic was listed 9th. The only other health care providers listed in this rating were Veterinarians (14th) and Psychologists (20th). (18)

Canadian Futurists - 1999

Canadian chiropractors also have an interest in the future of the profession. *The Journal of the Canadian Chiropractic Association* (19) interviewed several individuals regarding the future of the profession. Jean A. Moss, D.C., MBA, President, Canadian Memorial Chiropractic College

“...that the future health care system will revolve around a multi-disciplinary community-based health care model...considerable interest in the inclusion of complementary and alternative health care providers on the multi-disciplinary team.”

Roland Bryans, D.C., President, Canadian Chiropractic Association

“...competition will intensify over the next decade with the growing acceptance of spinal manipulative therapy as a valuable tool in the treatment of mechanical joint dysfunction... competition for this therapy will grow amongst other groups including physiotherapists, M.D.s, massage therapists, athletic trainers and so on.”

Donald J. Henderson, D.C., FCCS(C), Past-President,

Canadian Chiropractic Association

“...we should officially define our unique “philosophical” approach using terminology befitting the 21st century...Emphasizing a natural approach to health care (fitness, nutrition, lifestyle advice, etc.) combined with effective treatment, ...”

Paul Carey, D.C., President, Canadian Chiropractic Protective Association

“...there are three things that are urgently needed. First and foremost is university affiliation! Secondly, we must learn to cooperate and to integrate better with other players in the health care field. The third essential is chiropractic research.”

David Chapman-Smith, LLB, FICC, Editor/Publisher, The Chiropractic Report

“Data must replace belief. Language must be simplified. What are the major priorities for the chiropractic profession right now? There are three: 1) To define its role in the health care system. 2) To collect convincing data and practice statistics from clinical practice. 3) To develop the skills and

capacities to work in many different health care environments.”

RAC I-V - 1995-2000

The Research Agenda Conferences (RAC), funded by HRSA BHP, were designed to establish an agenda for the future of chiropractic research. The first workshop in 1996 and the others that followed brought together segments of the research community of the health care professions, health professions education, health care policy, and all portions of the chiropractic community, including researchers, practitioners, faculty, administrators, and members of professional organizations.

RAC I resulted in the creation of position papers in the areas of basic science research, clinical research, educational research, outcomes research and health services research related to chiropractic. These papers can be found in, *JMPT*, 20(3): March/April 1997.

RAC II concluded that further development of the infrastructure needs of the chiropractic profession could be best served by focusing more intensively on:

Building collaborations with other institutions in order to pool scarce resources.

Providing training in research methodology and procedures to chiropractic college faculty.

RAC III, with 118 participants, focused on achieving its goal of building research infrastructure through highly interactive sessions designed to maximize experiential learning and increase opportunities for collaboration. Content areas included grant writing, study design of clinical trials, collaboration in basic science research and chiropractic diagnostic evaluation and assessment procedures.

RAC IV, with 200 participants, created a stronger interactive involvement with panels and small group discussions. Again the design was to help develop infrastructure needs, particularly the researchers themselves. Sessions, like before, were designed to educate and inform participants regarding research methodology and process.

RAC V expanded learning opportunities in research related areas of grant writing, project development, funding sources, and statistical issues.

The group was also charged with reviewing and refining the initial agenda position papers developed in RAC I. (results are not yet published)

The RAC conferences have been a director if not a predictor of future development of the profession, especially as it relates to the research component of the profession, which by all predictors seems high on the list of importance.

Conclusion – Have we listened?

Those willing to make a prediction placed the chiropractic profession in a very positive framework. To summarize, they predicted:

Doctors of chiropractic would serve as a primary care physician in a wellness paradigm.

Increased research productivity with the establishment of a chiropractic science and chiropractic researchers receiving federal funding.

Collaborative research projects and advanced training of chiropractic researchers.

Commissioning of chiropractic officers in the military with chiropractic services available

to all veterans and military personnel and their dependents.

Educational institutions would become part of a university system with all the attendant benefits of a tax-supported institution.

Higher educational standards on admission and during the educational process.

Acceptance into managed care and hospitals.

Integration into the mainstream of health care leading all forms of complementary and alternative health care.

Unity in the profession.

A clearly defined image with a commonality of practice standards, lexicon, and philosophy.

There will undoubtedly be variations of opinion regarding an estimation of how well we, the chiropractic profession, have listened to those who predicted our future. I will venture forth with my opinions.

Society is transitioning into the wellness paradigm and a more rapid rate of late. Chiropractic remains a viable and frequently sought after option in this paradigm. However, medicine is

also pursuing a role in the wellness paradigm creating competition for a place in the sun that no one ever wanted before.

Now that is shown to be a revenue generator, more seek its benevolence. Item #1 is moving toward fulfillment but may never be achieved if the profession is unable to complete and compete in the other categories listed.

The RAC Conferences and projects at several institutions and the Consortium Center for Chiropractic Research at Palmer University are examples of federal funding for chiropractic research. Item # 2 is being fulfilled. Item # 3 is also being partially fulfilled but research training and productivity has yet to reach the level predicted or the level necessary to sustain this profession into the future.

By the time this article is published, we will have (now I'm predicting) chiropractic services available to the military but commissioned officers from the chiropractic ranks is not likely. Item #4 is partially fulfilled. Florida State University's announcement of its plans to include a College of Chiropractic in their university brings item #5 to fulfillment. This is not to imply that chiro-

practic education has achieved the status predicted or desired of the futurists visions stated earlier. Chiropractic education remains tuition dependent, under-funded and currently experiencing a declining enrollment generally.

The Council on Chiropractic Education (CCE) has been working on improved standards for chiropractic education. These standards introduce new requirements related to clinical competency and provide a modest increase in admission requirements. Work is also underway to address standards for postgraduate education. Item #6 is being addressed but has yet to be completed.

There has been an increased acceptance of chiropractic in the managed care arena in the recent past and a portion of the profession continues to move toward integration with the rest of the health care community. There is also a portion of the profession that continues to advocate an isolationist position or limited integration as long as it does not impinge on their perceptions of what constitutes appropriate chiropractic care. Items #7 and #8 have been partially fulfilled.

Items #9 and #10 remain an enigma for the profession. Factions remain at odds with each other and the profession continues to support a spectrum of beliefs and practice models that range from evidence-based to no basis in fact forms of practice. While diversity of thought is helpful in many ways and the profession can grow with diversity in its ranks, unity seems to be beyond the pale. The public is left with a perception that chiropractic is the treatment of choice for back pain with if their MD agrees.

With the first year of this decade – century - and millenium moving forward, the chiropractic profession and all of its leaders would do well to ponder the words of wisdom that have been given to us. We must work together to overcome the differences that continue to beset our tribes and work to form a commonality of action for the benefit of the profession and the patients we intend to serve.

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