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Walter I. Wardwell
University of Connecticut

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THE TRIUMPH OF CHIROPRACTIC - AND THEN WHAT?

Walter I. Wardwell
University of Connecticut

The evolution of chiropractic from a marginal health profession to the strongest and most popular alternative to orthodox medicine in the United States is examined and compared with osteopathy and naturopathy. Evidence is offered that 1974 was the landmark year for recognition of chiropractors (e.g., accreditation of colleges, reimbursement for services under Medicare) and relaxation of the American Medical Association's policy of active and overt opposition (e.g., elimination from its code of ethics of the tabu on professional association). The public policy question of the future status of chiropractors is raised and alternatives considered. It is concluded that the most likely outcome, as well as the best for all concerned, is for chiropractic to evolve to a "limited medical" professional status comparable to that of dentistry, podiatry, optometry, and psychology.

Of all the alternative forms of health delivery in the United States at the present time, chiropractors and chiropractic treatment are without doubt the most prominent example. Ever since 1895 when Daniel David Palmer gave his first "adjustment" in Davenport, Iowa, chiropractic has been the alternative most offensive to the medical establishment, perhaps precisely because it has been so successful. Its survival is a historical fact that cannot be swept under the rug by pretending that it is merely passing fad, a popular fancy that will go away as soon as lay people have been properly informed by expert medical opinion. Since World War II chiropractic has become stronger rather than weaker, and it certainly shows no sign of disappearing.

Chiropractors maintain, of course, that the reason for chiropractic's survival are to be found in its effectiveness as a system of therapy. Organized medicine, on the other hand, has viewed chiropractic as an unscientific cult, and chiropractors as, at best, misguided and unqualified, or as out-and-out quacks. As a result, no objective evaluation of chiropractic in the form of a clinical trial has ever been conducted, although an effort to complete such an evaluation is being made in Toronto; so far no results are available.

Pending final judgment by medical historians as to the reasons why chiropractic has survived despite the mightiest efforts of organized medicine to eliminate it, comparison with the histories of osteopathy and naturopathy offers some insight into the alternatives that

could have befallen chiropractic in the past and still might occur in the future. The evolution of osteopathy to near-fusion with medicine and the near-demise of naturopathy illumine the possibilities for chiropractic

Osteopathy

Andrew Taylor Still created osteopathy at least twenty years before chiropractic appeared although he did not found his college until 1892. A frontier medical doctor, his objective was to reform medicine rather than to supplant it, as is clear from the 1894 charter of his American School of Osteopathy (later the Kirksville College of Osteopathy) in Kirksville, Missouri, which stated, in part:

...to establish a college of osteopathy, the design of which is to improve our present system of surgery, obstetrics and treatment of diseases generally, and place the same on a more rational and scientific basis, and to impart information to the medical profession and to grant and confer such honors and degrees as are usually granted and conferred by reputable medical colleges (Northup, 1972).

Despite Still's original principles that the body is its own laboratory and that health lies in maintaining the structural integrity of the body through osteopathic manipulation, and despite Still's hostility to drugs and surgery, osteopathic colleges, unlike chiropractic colleges, have always taught the full range of medical subjects, including surgery and materia-medica, and thus their curricula have always paralleled the scope, if not the quality, of medical schools.

However, the American Medical Association (AMA) always considered osteopathy sectarian medicine. In Morris Fishbein's (1925) famous phrase osteopathy was "essentially a method of entering the practice of medicine" by the backdoor. The AMA's lingering hostility toward osteopathy was evident in its 1961 decision to permit its constituent state medical societies to make the determination whether to accept individual osteopaths as professional equals:

The test should be: Does the individual doctor of osteopathy practice osteopathy or does he in fact practice a method of healing founded on a scientific basis? (Osteopathy..., 1961).

The present strategy of the AMA, in contrast to its continued opposition to chiropractic, clearly is to bring osteopathy within the medical fold by recognizing osteopaths as fully qualified physicians, by eliminating the few remaining legal restrictions on osteopaths' scope of practice, and by accepting graduates of osteopathic colleges into residencies and as candidates for medical board certification. The AMA's most striking success in this new strategy was to persuade the California College of Osteopathic Physicians and Surgeons (by a one-vote majority of its board!) to become the University of California College of Medicine, Irvine, and the state osteopathic and medical societies to merge. Since then the American Osteopathic Association (AOA) has reacted strongly to the threat of being absorbed into medicine and has added nine new osteopathic colleges to the five then remaining. Present-day osteopathic colleges are essentially medical schools with one added subject in the curriculum - OMT (osteopathic manipulative treatment); and most osteopathic physicians (as they now prefer to be called), especially the more recent graduates, practice as medical doctors.

As osteopathy merges into the medical mainstream, it appears to be repeating the history of homeopathy, which for two thirds of the nineteenth century was a separate "school" of medicine based on the distinctive therapeutic doctrines of "similars" and "infinitesimals." With their own schools and hospitals, homeopaths vied for popular favor with orthodox physicians, whom they called "allopaths", a term that has stuck. (In 1908, according to Kaufman (1971:167), graduates of homeopathic colleges performed better on state licensing examinations than did the graduates of allopathic colleges.) Toward the end of the nineteenth century, however, contention between homeopaths and allopaths waned as their modes of practice became less differentiated and as organized medicine perceived more serious threats from osteopathy and chiropractic. Homeopathic colleges like Hahnemann (named for the founder of homeopathy) and Boston University eventually became conventional medical schools producing graduates who consider themselves orthodox physicians. The same process seems to be at work with osteopathy.

Naturopathy

Briefer comments can be made about naturopathy, which for many years struggled for preeminence with chiropractic. It is a form of drugless healing that incorporates a variety of "natural" treatment modalities such as heat, light, water,

vitamin and food supplements, and physical therapy in addition to spinal manipulation. Although Twaddle and Hessler (1977:166) suggest that there is a link between homeopathy and naturopathy, it probably does not involve direct lineage but merely naturopathic interest in certain homeopathic remedies. With such a positively-toned name, "naturopathy" ought to have carried greater public appeal, as a label, than the awkward neologism "chiropractic," especially during recent years when there has been so much interest in natural foods, natural living, exercise, avoiding food additives and drugs, etc. In earlier years the "mixer" wing of the chiropractic colleges often offered courses in naturopathy along with chiropractic or offered two separate programs and degrees (D.C. and N.D.). Three of the currently accredited chiropractic colleges did so as late as 1948. Nevertheless, naturopathy seems to be losing its struggle to survive. With only one or two very small schools remaining, and some of the states that formerly licensed them no longer doing so, very few new graduates are entering the field.

Relatively few people have ever heard of naturopathy, probably because drugless healing has been nearly preempted by chiropractic. I earlier advanced two main reasons to explain why chiropractic came to dominate drugless healing at the expense of naturopathy (Wardwell, 1978). One is that naturopathy did not have a distinctive therapeutic focus as chiropractic did with its theory of spinal subluxations, but involved a miscellaneous collection of natural remedies. The other reason is probably more important. It is that naturopathy lacked a charismatic leader like B.J. Palmer (the son of the founder) around whom or in opposition to whom chiropractors could rally. So despite the attractiveness of the word "naturopathy", it has lost out to chiropractic, with the result that some chiropractors who also possess an N.D. degree no longer display it.

Chiropractic's Survival

Unlike osteopathy, whose creator never thought of himself as other than a medical doctor with an improved therapeutic philosophy, chiropractic was begun by an outsider to the medical profession. For ten years prior to his "discovery" of chiropractic, Daniel David Palmer had been a magnetic healer, before that a grocer and fish dealer. Although allegedly chiropractic was "stolen" from osteopathy (Bayer, 1945), Palmer advanced a somewhat different theory of illness and therapy. He developed

the concept of the subluxation (misalignment) of vertebrae as interfering with neural transmission to vital organs, thus causing disease, which requires correction through "adjustment" of the misaligned vertebrae, thus restoring normal functioning. (The osteopathic term for subluxation is "osteopathic lesion," while medical doctors prefer the term "joint disfunction.") (Northup, 1972; Menell, 1975). Although a recent article (Gibbons, 1979) documents early interest in chiropractic and collaboration by orthodox physicians, organized medicine condemned the medical heresy outright. Palmer's son "B.J." further widened the gap between them by arguing that chiropractic is philosophically the exact opposite of medicine:

The dividing line is sharply drawn - anything given, applied to, or prescribed from outside-in, below-up, comes within the principle and practice of medicine. None of this does chiropractic do! Our principle is opposite, antipodal, the reverse, for everything within the chiropractic philosophy, science and art works from above-down, inside-out. Anything and everything outside that scope is medicine, whether you like it or not (Palmer, 1958).

Palmer's strategy enabled him to argue that chiropractic is a separate and distinct science and therefore should have separate schools, licensing laws, and examining boards. Although he naturally attributed chiropractic's success to its superior efficacy, it was certainly due in part to his own charismatic leadership that chiropractic survived as a separate and distinct health profession. Rejected by medicine and osteopathy, B.J. Palmer made a virtue out of necessity. He trained thousands of chiropractors, sold them millions of tracts for distribution to patients, persuaded legislatures to establish separate laws and licensing boards, and successfully defended accused chiropractors in court. Despite the many rifts within the profession that his strong personality caused, he inspired his followers to heal the sick, to fight for their profession, and always to send him more students. (The Palmer School in 1922 had 3100 students enrolled). He wanted chiropractic "pure, straight and unadulterated", and his followers were called "straights." He opposed mixing chiropractic with medicine, osteopathy, naturopathy, or physiotherapy, and called chiropractors who did so "mixers". Such a mono-causal theory of illness and treatment caused the AMA to label chiropractic a "cult" although more than half of all chiropractors have been mixers to some degree. But without B.J. Palmer chiropractic probably would not have survived at all.

B.J. Palmer also made it unlikely that chiropractic will ever follow the path of osteopathy toward medical orthodoxy. The social and professional cleavages between medicine and chiropractic remain too great. He also ensured that chiropractic would not become identified with naturopathy, which could easily have happened in view of the fact that some chiropractic colleges also offered naturopathic courses and degrees. It is probably best to conceive the evolution of chiropractic as a social movement, for it originated during a period of dissatisfaction with medical orthodoxy, was led by a charismatic leader who inspired awe and devotion, was supported by followers whose loyalty Palmer reinforced by frequent reunions, hortative writings, and speeches, and prospered in the favorable legal and political environment that he created. Although it also required satisfied patients, a major factor in the success of the movement was the professional identity and solidarity of Palmer's followers in his "straight" International Chiropractors Association or of his opponents in the "mixer" American Chiropractic Association.

What kinds of patients did chiropractic attract? Predictably, many came out of desperation that medicine had not helped them - as one chiropractor bemoaned: "after they have exhausted medical science and their money." And many were helped. Some patients perceived chiropractors as another kind of medical specialist. The contrary view of organized medicine is that most of the benefits that patients receive from chiropractic are psychological - either the patient had an imaginary illness or he only imagined that he was cured.

There is a paucity of good data concerning the educational or socioeconomic levels of chiropractic patients. However, a recent household survey (Advancedata, 1978) revealed that high users of chiropractic were more likely to be white than black, middle-aged rather than young or aged, middle income rather than low or high income. While there is some evidence that chiropractic has attracted more patients in rural than in urban areas (McCorkle, 1961), the same is probably also true of osteopathy; the explanation could be simply that both originated in the basically rural areas of the American mid-West.

Chiropractic's Triumph

Although the chiropractic profession seemed most appropriately characterized as "marginal" when I introduced that term nearly thirty years ago (Wardwell, 1951), its status has greatly

improved since then. In 1974, four events occurred signalling that chiropractic has attained the status of an established profession in the United States. First, the only remaining state that had not previously licensed chiropractors (Louisiana) passed legislation to do so. Second, the United States Office of Education recognized officially the Chiropractic Council on Education of the American Chiropractic Association as the accrediting agency for chiropractic colleges. Third, the United States Congress began payments for chiropractors' services under the Medicare program, and fourth, the Congress directed that \$2,000,000 be used to study the research status of chiropractic.

The significance of the last item requires elucidation. It was decided that the National Institutes of Health should hold a Workshop to provide a basis for determining subsequent steps. Designated as Chairman was the Associate Director of the National Institute of Neurological and Communicative Disorders and Stroke, an osteopath, who was assigned a Workshop Planning Committee of leading medical scientists, osteopaths, and chiropractors to assist him. It was the first major effort ever by an interdisciplinary group of distinguished researchers and clinicians to examine spinal manipulative therapy in a scientific conclave. Since the topic of the Workshop became the scientific status of spinal manipulative therapy rather than the scientific status of chiropractic, the onus became shifted partly away from chiropractors onto osteopaths and those medical doctors who use spinal manipulative therapy. The latter have organized themselves into a small group called the North American Academy of Manipulative Medicine. Naturally those osteopaths and MD's who use spinal manipulative therapy agree with chiropractors that there is a scientific basis for it. The resulting publication containing the papers presented at the workshop (Goldstein, 1975) was supportive of spinal manipulative therapy although a few of the medical doctors who participated were clearly hostile to it. The majority consensus was that the reasons why spinal manipulative therapy is effective are not well understood and therefore more research is needed. Since then, the National Institutes of Health has made several grants of federal money to support such research, which several chiropractors have collaborated in.

The first truly objective study of chiropractors, which incidentally recommends their incorporation into the health delivery system in New Zealand, was recently published by an official Commission of Inquiry (1979).

Two other developments documenting the increased acceptance of chiropractors in the United States occurred in 1976. The first was a study authorized by Congress:

to determine the average annual per student educational cost of providing educational programs which lead to a degree of doctor of chiropractic... The study shall also determine the current demand for chiropractic services throughout the United States and shall develop methodologies for determining if current supply of chiropractors is sufficient to meet this demand (Chiropractic Health Care, 1980).

The second was a major anti-trust court suit entered by five chiropractors against the AMA, the American College of Surgeons, the American College of Physicians, the American Hospital Association, and the American Osteopathic Association, plus seven other medical organizations and four individuals for having:

conspired to monopolize health care services in the United States and conspired to unreasonably restrain duly licensed chiropractic doctors including the plaintiffs herein from competing with medical doctors in the delivery of health care services to the general public in the United States, and moreover, have been and are engaged in a combination and conspiracy to first isolate and then eliminate the chiropractic profession in the United States (Wilk, et al., 1976).

In addition to monetary damages and injunctions for relief, the plaintiffs ask for:

establishment and maintenance for ten years at defendants' sole expense and at a cost to defendants of no less than \$1,000,000 per year, of an inter-professional research institute controlled equally by medical doctors and Doctors of Chiropractic for promoting inter-professional research and educational programs, and for developing a common lexicon.

In July 1979 the Attorney General of the State of New York (Note: a third party) initiated a similar suit on behalf of the State and of all its citizens against the AMA, AOA, the Medical Society of the State of New York, the American Hospital Association, nine other medical organizations, and one individual. It is expected that

these and additional suits filed in other states will take a long time to be settled.

Although the official position of the AMA continues to be that chiropractic is an unscientific cult, an immediate result of the anti-trust suits is that the AMA has ceased its public efforts to oppose chiropractors and to prevent its own members from interacting professionally with them. In March 1977, the AMA's Judicial Council announced the opinion that:

A physician may refer a patient for diagnostic or therapeutic services to another physician, a limited practitioner, or any other provider of health care services permitted by law to furnish such services, whenever he believes that this may benefit the patient. As in the case of referrals to physician-specialists, referrals to limited practitioners should be based on their individual competence and ability to perform the services needed by the patient (American Medical News, 1977).

The AMA also eliminated its Committee on Quackery and its Bureau of Investigation, both of which had expended most of their money and energy over many years primarily against chiropractors.

The result of all these developments is that chiropractic is now securely established as the leading drugless healing profession alternative to medicine in the United States. With over 23,000 practitioners chiropractic is nearly fifty percent larger than osteopathy; of all the health-related professionals only medical doctors, dentists, nurses, and pharmacists outnumber chiropractors. Of the 16 chiropractic colleges in the United States most are either accredited or working toward accreditation (which requires a minimum of two years of pre-professional college credits plus a four-year college program covering, in addition to chiropractic theory and practice, the standard medical curriculum except for surgery and pharmacology). The majority of the states have upgraded their licensing requirements to six post-secondary years of schooling. All the chiropractic colleges have retained Ph.D.'s to teach in the basic science areas and are beginning to sponsor research, since that is what the accrediting requirements stipulate. However, all too little good research has been done under chiropractic sponsorship, and the chiropractic colleges are still weak.

Future Possibilities

These developments make the future relationship between chiropractic and medicine problematic and raise important policy questions for public health officials and health planners. From being a marginal profession chiropractic now seems to be becoming a profession "parallel" to medicine. This term better characterizes the relationship that is developing between them as chiropractors become more acceptable, as chiropractic theories become subjects for which the National Institutes of Health makes university research grants, as chiropractic colleges lengthen and strengthen their programs of instruction, and as the legal and professional status of chiropractors becomes more firmly established. But chiropractic is not likely to follow the evolution of osteopathy from a "parallel" status toward fusion with medicine. The opposition of organized medicine is still too strong, and the hostility of chiropractors is still too intense for this to happen.

Nor would chiropractors be willing to work under physician prescription, as physical therapists do. As autonomous practitioners, they would lose by becoming mere ancillaries to physicians, who, in any case, would not often prescribe chiropractic treatment. Worth noting, however, is that this resolution to the problem of what to do about chiropractic is precisely what President Carter proposed to Congress on September 25, 1979, in his National Health Insurance Plan, though later changed to allow chiropractors independent status.

Of course it could happen that physical therapists would themselves take up spinal manipulative therapy in a major way, which some physicians (e.g., James Cyriax, 1978) and physical therapists (e.g., Stanley Paris) have urged. This would no doubt be the solution preferred by organized medicine because physicians would retain control and could decide whether to delegate the therapy to an assistant (the physical therapist). Although both Cyriax and Paris conduct workshops on spinal manipulative therapy for physical therapists and urge them to take it up, that would not solve the problem of what to do about chiropractors.

If physical therapists were to take up spinal manipulative therapy but practice independent of physical prescription, they would become essentially chiropractors themselves, which not only is very unlikely to happen, but would create still another group of independent practitioners.

One of two other outcomes is more likely to occur. The first is the status quo ante, where chiropractors would remain as B.J. Palmer wanted, a "separate and distinct" healing profession independent of medicine, though marginal to it and in overall social standing. Conceivably it might evolve to a "parallel" profession to medicine if it continues to gain in professional, scientific, and social standing, but sociological evidence suggests that "separate but equal" relationships are inherently unstable: either they don't remain equal, or they don't remain separate.

The final alternative would be for chiropractors to become what is called a "limited medical" profession (Wardwell, 1979). Examples of these are dentistry, podiatry, optometry, and psychology. Each of these deals with a part of the psychobiological organism and uses a limited range of diagnostic and therapeutic techniques or modalities compared with those of the physician. And they all accept the basic medical explanations of illness and therapy as expounded by medical science. That is, they don't challenge them, as chiropractors do, or maintain alternative theories of health and illness. They also recognize the medical doctor as the authority over systemic illnesses and conditions requiring treatment by controlled drugs or major surgery. Like marginal or parallel practitioners, limited practitioners are "portals of entry" into the health care system in the sense that patients usually come directly to them without having first been diagnosed by a physician and referred by him to them.

While such a limited practitioner status would not be welcomed by some chiropractors, particularly the most doctrinaire who feel that chiropractic is not so limited in what it can accomplish and who want nothing to do with orthodox medical practice, it would however reflect the reality of the way many chiropractors now practice. Of course it would require some compromise of the original simplistic chiropractic philosophy of disease and its treatment. But chiropractors have already enthusiastically incorporated into their theories the most sophisticated scientific findings from the fields of neurophysiology and spinal biomechanics, because they are seen as evidence of the validity of chiropractic principles. The main area of scientific dispute appears to lie in the question of how removed from the spine itself the effects of neural interference or irritation can extend (e.g., to extremities, internal organs). Some of the historic claims of chiropractic might have to be given up, but a cost-benefit analysis should make this alternative attractive.

The limited practitioner alternative offers advantages both to chiropractors and to the health care system if all parties—chiropractors, organized medicine, and public health officials and health planners recognize reality and not remain confused by partisan claims. The reality is that most recent chiropractic graduates are well grounded in the basic medical sciences and understand quite well both the limits of chiropractic and the benefits of those medical procedures which exceed their own legal and technological capabilities. The reality is that chiropractors frequently refer patients to M.D.'s or other providers for conditions beyond their scope of practice, and that more and more M.D.'s are referring patients to chiropractors, though usually for a narrow range of neuro-musculoskeletal conditions and especially if the patients do not respond well to medical treatments. Hence, many chiropractors already practice as limited medical practitioners in that they restrict their scope of practice to a fairly narrow range of conditions that they believe they can help. Of course, legally they must limit the range of techniques they employ, principally to spinal manipulation, though fairly often with the addition of some of the other "drugless" non-surgical modalities, e.g., physical therapy, dietary supplements, occasional psychological counseling, etc. Perhaps equally important is the fact that third-party payments tend to be limited to a narrow interpretation of a chiropractor's scope of practice, both as regards conditions treated and modalities employed.

Were chiropractors to adopt the "limited practitioner" model, they would continue to practice independent of physicians but give up their former cultist claims that they use a completely different theory of health and illness and can treat nearly all illnesses better than physicians. Within a more narrowly defined scope of practice they would continue to decide which patients to treat and how to treat them using the rather limited repertoire of modalities at their command. In so doing, they would not differ greatly from dentists, podiatrists, optometrists, or psychologists, who, after all, have secured established and indeed prestigious places in our health care system.

So this is the answer to "what then?" in my opinion. If chiropractic, the leading alternative health care profession in the United States does not fade away (and that seems unlikely), if it is not taken over by orthodox medicine (which seems equally unlikely), and if it continues on its present road toward higher standards of education and training, better scientific research, well established relationships

with other health providers, and ready reimbursement for its services by third-party payors including the government, the most appropriate solution is for chiropractic to compromise its original principles and to become a limited medical profession. There are many pressures pushing chiropractors in that direction, and many advantages to be gained for chiropractors, for organized medicine, and for our health care system.

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