

The Chiropractic Report

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The Journey of Scott Haldeman

“The spine, in my opinion, is the single most interesting and fascinating organ in the body. There is no other organ that encompasses as many tissues and potential pathologies.”

Scott Haldeman, DC, PhD, MD
The Journey of Scott Haldeman, 2009

A. Introduction

IN THE 1960s AND 1970s THERE was little understanding of spinal disorders and no constructive dialogue between the medical, chiropractic and physiotherapy professions.

In many jurisdictions medical ethics prohibited any association between medical doctors (MDs) and doctors of chiropractic (DCs).

Into this void stepped an 18-year-old South African who enrolled at Palmer College of Chiropractic in Davenport, Iowa in January 1961. He was the son and grandson of chiropractors, and his opening mission was to study and practice chiropractic.

Today, two generations later, he is one of the world's foremost authorities on spinal disorders. To have achieved this, as a DC and MD in an era of sharp conflict between the professions and in the face of so many barriers, is a tale of uncommon ability, character and capacity for sheer hard work.

That tale is told in a new compelling biography titled *The Journey of Scott Haldeman: Spine Care Specialist and Researcher*¹. The author is Reed Phillips, DC, PhD, Past-President, Southern California University of Health Sciences, a leader in chiropractic education and research who has known Haldeman for many years. Valuable additions by Haldeman himself are a prologue, explaining why he is spending a lifetime studying spinal disorders, and a closing chapter assessing the current state of spine care, the need for a new primary spine care specialist,

and the potential role of the chiropractic profession in this regard. A chapter by Joan Haldeman, RPT, Haldeman's wife and administrator of his neurology practice, gives great interest and insight. Readers will be in awe of the challenges faced by this remarkable couple.

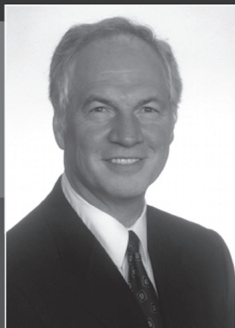
Those who meet Haldeman today see a much-honored, prosperous neurologist from Southern California in his mid-60s. Few understand his humble origins, the battles fought, the challenges and disappointments overcome, and the magnitude of his vision and achievements. Chiropractors are often unaware of his deep allegiance to the profession since his graduation from Palmer College and early years of practice in South Africa in the 1960s.

As Phillips concludes in his Introduction, Haldeman had done more than any other person since that time not only for spine care generally but also to create opportunities for DCs and their profession. There can be little doubt that he has in fact done more than anyone ever. This issue of The Chiropractic Report reviews the journey and legacy of Scott Haldeman and his assessment of the current state and future development of spine care.

B. Background

1. Family and chiropractic were two strong pillars for Haldeman in his youth. His grandmother, Almeida Haldeman, was American who moved to Saskatchewan in 1905, becoming Canada's first chiropractor. Her son Joshua, Scott Haldeman's father, graduated from the

The Journey of SCOTT HALDEMAN DC, PhD, MD, FRCPC(C), FAAN, FCCS(C)



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Special Issue: In this special issue all of the Report is devoted to a compelling new biography of the remarkable Dr. Scott Haldeman. We return to our normal format in the next issue. Now – prepare to be amazed and discover the background, vision and achievements of Dr. Scott Haldeman.

Palmer School of Chiropractic in 1926, and became a leader in the chiropractic profession in Saskatchewan and then Canada until 1950. At that time, when Haldeman was 7, the family moved to Pretoria, South Africa where Joshua Haldeman rose to be President of the South African Chiropractic Association. He was a staunch supporter of BJ Palmer, Palmer College and the International Chiropractors' Association (ICA).

At Scott Haldeman's birth in Saskatchewan in June 1943 his parents were struggling financially – they were living in a 6 × 11 foot trailer and he, their first child, slept in an apple box hung on the wall. This was because Joshua had lost everything in a farming venture. However his recently commenced chiropractic practice would soon bring return to prosperity.

2. In school in South Africa Scott had prominent success as an all-rounder. In his final year at high school he had top academic honors, was Head Prefect, and captain of the rugby team – rugby being South Africa's premier sport. Competing with him for top academic honors was Joan, the second Head Prefect who would later become his wife.

Phillips explains, as Haldeman often has in his lectures, that Joshua and the Haldeman household lived according to a very traditional chiropractic philosophical approach to health. The body had the innate ability to maintain a healthy state if treated properly, there was no smoking in the house, alcohol use was prohibited until the age of 21, coffee was forbidden until graduation from school. Cereals were fresh ground, there was care about all food eaten, exercise was taken daily – Haldeman's father swam every day, summer and winter – and the mantra was "Haldemans do not get sick or upset".

Haldeman cannot recall ever visiting a medical doctor or taking medication as a child. There were regular chiropractic adjustments from birth as needed. From his earliest years Haldeman always anticipated going to chiropractic school at Palmer College and then returning to South Africa to join his father in practice.

C. Education and Qualifications

3. When he left South Africa for Palmer in 1960 Haldeman told his family and his girlfriend Joan, that he would be back in three years to practice chiropractic in his beloved homeland. Then life happened. For the next 16 years he was in

fulltime education, followed by 5 years of internship, residency then a fellowship in neurology. Throughout he juggled to find time for work for necessary income, ever-expanding professional activities and family life. For several years, when their two sons were young, "I was to all intents and purposes a single parent" says Joan Haldeman in her chapter. Haldeman's education and qualifications, which are summarized in Table 1, were as follows.

4. Palmer College of Chiropractic – 1961-1964. Haldeman started at Palmer at age 18 in January 1961. BJ Palmer had died a few months before his arrival in Davenport and the college had nearly 1,000 students enrolled. Technique instructors included Dr. Clay Thompson (toggle recoil on the Thompson Drop Table) and frequent visitors were Dr. Clarence Gonstead of Wisconsin and Dr. Henri Gillet of Belgium. He learned philosophy from Dr. Galen Price. Dr. Ron Frogly, who held a masters degree and taught physiology, became a mentor. It was Dr. Frogly who sought to reconcile traditional chiropractic theory and philosophy with modern physiological theories.

As Phillips reports the primary theory at Palmer at that time to explain the effect of chiropractic care was that misaligned vertebrae would put pressure on spinal nerves and thus interfere with the normal transmission of nerve impulses to the organs.

Haldeman was valedictorian of his December 1964 graduating class and one of two students receiving the ICA Student's Award for meritorious service. His writings in the Palmer School Yearbook evidence that the education he received "ingrained in him respect and admiration for both DD and BJ Palmer" says author Reed Phillips. Phillips quotes an 1962 article in which Haldman extols the "remarkable abilities" of BJ Palmer "which enabled him to improve and modernize the methods of analysis and adjustment without every straying from the true concept of chiropractic".

Like most students at the time Haldeman needed part-time work to survive financially. This included being nightwatchman at the Clearview Sanatorium, summer gardening, and serving as a janitor and then a salesman for the Griggs Piano Company. He was one of three students from New Zealand and South Africa who started the Palmer Rugby Team which in later years became national champions, but a shoulder injury in his final year

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ended his playing career. Fellow-students who later became prominent in the chiropractic profession included Drs. Andries Kleynhans, Michael Pedigo and Louis Sportelli.

During three years Haldeman only had letter contact with family and friends. Long-distance telephone charges were prohibitively expensive, as was travel. He made a single telephone call only – to Joan to whom he wrote weekly – and who became his wife upon his return to South Africa in 1965.

5. Bachelor's and Master's Degrees – University of Pretoria 1965-1969. For 5 years from January 1965 Haldeman set up a demanding schedule in which he practiced chiropractic 30 hours weekly as an associate at his father's clinic, and also completed a bachelor's and then master's degree in physiology at the University of Pretoria. His central interest was explaining the basis of chiropractic theory and practice, first and foremost the effects of

nerve compression. His master's thesis was titled *Changes in the Structure and Function of the Sciatic Nerve Caused by Constriction*. At this time the concept of axoplasmic flow, the flow of fluids, chemicals and organelles from the cell body in the spinal cord along the nerve fibres, was new and gaining acceptance. Using light and electron microscopes Haldeman noted:

- Changes in the diameter of nerves above a compression
- Swelling in the axon that contained an increased concentration of organelles
- Inverse telescoping above the compression, consistent with the theory that axons were not simply conducting impulses and fluids but were actually growing.

Haldeman was convinced that the basic chiropractic theory of nerve interference "was considerably more complex and interesting than he had learned at Palmer" and he decided upon further study to solve the problem.

Figure 1

Academic Degrees

DC Palmer College of Chiropractic – 1964
 BSc University of Pretoria – 1968 (Physiology, Physics)
 MSc University of British Columbia – 1973 (Neurophysiology)
 MD University of British Columbia – 1976

Residency

Intern, Department of Internal Medicine, Vancouver General Hospital – 1976-1977
 Resident, Department of Neurology, University of California, Irvine – 1977-1980
 Fellow in Electrodiagnosis, Department of Neurology, Long Beach Veterans Administration Medical Center – 1980-1981

Specialty Qualifications

FCC(C) Fellow of College of Chiropractic Sciences (Canada) – 1975
 FRCP(C) Fellow of the Royal College of Physicians (Canada) – 1981
 FAAN Fellow of the American Academy of Neurology – 1985
 Diplomate – American Board of Psychiatry & Neurology – 1982
 Diplomate – American Board of Electroencephalography and Neurophysiology – 1981
 Diplomate – American Board of Clinical Neurophysiology, Inc. – 1983
 Diplomate – American Board of Electrodiagnostic Medicine – 1982

Clinical Experience

Private Practice, Chiropractic – 1964-1977
 Internship, Medicine – June 1976-1977
 Resident, Neurology – July 1977-June 1980
 Fellow, Electrodiagnosis, Veterans Administration Medical Center, Long Beach, California – September 1980-August 1981
 Private Practice, Neurology – January 1981-present

6. A Doctorate in Nerve Physiology – University of British Columbia 1970-1973. There being no appropriate experts/facilities in South Africa Haldeman applied to and was accepted into a doctoral program in Vancouver in Canada at the University of British Columbia (UBC), conducting research for his thesis under Dr. Hugh McLennon, a foremost international researcher in the study of neural transmitters. In his book Phillips gives details of Haldeman's study and his thesis, which was titled *Evidence in Favor of Glutamate as a Mediator of Synaptic Transmission*.

To support the family – himself, Joan, who was working as a physiotherapist, and then their first son – Haldeman was practicing chiropractic three nights a week at the office of a supportive DC. This was at a time that there were medical ethics against any association between MDs and DCs, notwithstanding that chiropractic services were regulated and partly reimbursed by the government in the province of British Columbia. However many medical and other faculty members from UBC would come to his night clinics for chiropractic care.

Although he was carrying major full-time responsibilities in his PhD program, he was providing an ever-growing response to requests for assistance from chiropractic leaders in North America and around the world who were discovering a new source of authority and assistance for their profession in its continuing struggle for acceptance and understanding. At that time the profession had little research or research capacity and was under heavy medical scrutiny and attack. To the US-based Foundation for Chiropractic Education and Research (FCER) and others Haldeman offered this advice in 1970, as he encouraged them to appreciate the scientific and political importance of research:

Research Procedure: Collect all the articles published for or against chiropractic in chiropractic, medical and basic science journals as the foundation for further research.

Research Scope: Due to the smallness of the profession and its funds, limit research now to the major premise of chiropractic.

Research Personnel: Form a team of researchers headed up by a DC who had also obtained a master's or PhD in a recognized field, preferably the basic sciences. The remainder of the team should

be composed of DCs working on graduate degrees to serve as research assistants.

Location: All chiropractic research should be done in chiropractic institutions. If the research was done elsewhere it would lessen the right for chiropractic to claim the prestige of the work done, and the results could simply become another medical discovery.

Prospects of Possible Research: Haldeman listed a number of priority areas for possible future research.

7. Medical Degree – UBC 1973-1977.

Why did Haldeman, so steeped in chiropractic and now deeply engaged in supporting its clinical research and political challenges, now decide upon a medical degree? As he was completing his PhD he saw that he could not conduct planned interdisciplinary research without a medical qualification given current medical ethics and the major lack of resources in the chiropractic profession. Further his research could not be published in a medical journal and would simply lack credibility in the practical world if he was not an MD.

His first choice was to return to South Africa to study medicine, but the course was longer and students were forbidden to work so he chose to remain at UBC. These were years of extreme pressure for both Haldeman and his wife as he sustained fulltime study, part-time chiropractic practice, original research, numerous publications, lectures and professional appearances for the chiropractic profession and family life with two young sons. He already had 4 major academic qualifications but was still in his early 30s.

8. Medical Residency in Neurology – University of California at Irvine 1977-1980.

Following medical school Haldeman did his one year internship – the year in which MDs serve numerous duty hours in hospitals – at Vancouver General Hospital in 1976-1977. He was on call 100 hours per week. During internship most MDs compete for places in residency/specialty programs. However because of his qualifications and academic distinction he received various invitations, and finally accepted the one offering a residency in neurology from the University of California at Irvine (UCI). This was partly because he was invited to participate in the development of the first ever double-blind randomized clinical trial comparing manipulation and soft-tissue massage – with principal investigators Buerger and Tobis.

Haldeman commenced the three-year residency in July 1977, rotating through the different sub-specialties/departments of neurology such as neurosurgery, psychiatry, neuropathology, pediatric neurology, neuroradiology and electrodiagnosis. In his final year he was appointed Chief Resident in Neurology, which meant teaching of junior residents but also control of the on-call schedule. This helped much since he was being asked to travel extensively to speak at conventions or testify at hearings throughout North America and internationally. Examples, such as the NINCDS Conference and the New Zealand Commission of Inquiry, are given below (Paras 11 and 12).

9. Fellowship in Electrodiagnosis – Department of Neurology, Long Beach Veterans Administration Medical Center 1980-1981. As Haldeman completed his residency at UCI Dr. Paul Bradley, the world's leading neurologist in the field of neuro-urology arrived as the new chief of the Neurology Department at the Long Beach VA Medical Center and was looking for a fellow with experience as a neuro-physiologist and with an interest in neuro-urology. Haldeman, having studied the literature on neurovisceral control mechanisms and hoping to do research on whether spinal disorders could influence function of the internal organs, completed two years of full-time fellowship under Dr. Bradley. The most lucrative option at that time would have been to commence full-time clinical practice as a neurologist after his many years of study and financial pressure. However this would have prevented his ongoing research. Working on his fellowship at the VA Medical Centre during the day he could practice as a neurologist in the evenings to make a reasonable living, and continue to travel and participate in the chiropractic and spine society activities that were now a large part of his life.

D. Clinical Practice

9. Haldeman commenced chiropractic clinical practice upon graduation and, despite his long academic years and strong research interests and achievements, has always regarded clinical practice and patient care as the most enjoyable aspect of his professional life. Although accused by many in the medical and chiropractic professions of being unfaithful to each, he has in fact stood bravely “with his feet confidently and firmly planted in each profession” notes Phillips. His practice experience may be summarized thus:

(a) **Chiropractic Practice.** Five years fulltime in South Africa from 1965-1969, then seven years part-time in Canada as he completed his doctoral and medical degrees.

(b) **Medical Practice.** Part-time as he completed his neurology fellowship then fulltime as a neurologist from 1982 until the present time. For legal and ethical reasons he was frustrated in his attempts to get a licence to practice chiropractic in California in the 1980s. However through to the end of the 1980s he was performing spinal manipulation/adjustments on up to 15 patients a

Haldeman videos: An exciting feature of the Haldeman book is an accompanying CD rom with the videos of 13 of his television presentations and other lectures from 1983 to 2008.

See Dr. Haldeman at age 40 in 1983 on the American television show the Hour Magazine promoting rational spine care, patient participation and care and the chiropractic profession – at a time when he was practicing as a neurologist in Los Angeles and medical ethics discouraged all association between MDs and DCs. See his commencement speech at Palmer College in 1992 reviewing his background, career and goals.

day in addition to his neurology practice to maintain his chiropractic skills. At that time he referred patients requiring manipulation to DCs practicing with him in his multidisciplinary office.

Mary Reilly-Tully, DC, worked with Haldeman for three years in the late 1980s. In the book Phillips quotes these recollections from her:

“Scott had established a practice pioneering in applying a multidisciplinary approach to help rehabilitate injured workers and to return them to work”. The professional team included two neurologists, an internist, a psychologist, two chiropractors and a physical therapist.

Primary focus was on the care of work-injured patients who had not received relief from their primary care provider, often referred by workers comp adjusters. Referred patients “had generally not received any therapeutic exercise instruction, any pain management instruction, and most often had not received any chiropractic care. Many had been told that they needed back surgery”. Many had been on disability from work for months to years. “With the multidisciplinary approach to care that they received in this setting, most of the patients I saw were able to return to work, and very few of those that I came into contact with required surgery”.

“One of Scott’s special gifts was the ability to treat his patients with respect. . . . These days it is quite difficult to find specialists who treat people as well as Scott treated patients who were referred to him. Scott strikes me as a person oriented to service . . . to his family, to his patients, to his professions both neurology and chiropractic, and to the greater good of humanity”.

E. Landmark Events

10. The subtitle Phillips gives to his book is “Forging international interdisciplinary cooperation” and, doubtless with Haldeman’s approval, the book is dedicated “to the future of spine care and to all those who will collaborate to provide that future based on evidence”. One must go to the book and its appendices to comprehend the range and depth of Haldeman’s unparalleled contribution to spine care – in practice, original research, publications, guidelines development, leadership in professional and interprofessional societies and their activities, and expert testimony in litigation and official inquiries. His curriculum vitae, included in the book as an appendix, lists over 180 articles and book chapters, over 60 scientific abstracts and seven major texts that he has authored or edited.

As Dr. Louis Sportelli observes in his Foreword, Haldeman has been able to “break the glass ceiling” with respect to “unthinkable organizational affiliations” – not only bringing competing health professionals and their organizations together, but then rising to lead them. Intraprofessional examples, where he has led and brought together the chiropractic profession, include the World Federation of Chiropractic (he was a founder in 1987-1988 and has always served as Chair of its Research Council) and the Mercy Center Guidelines (he was Commission Chairman for this 1992 conference providing the first US national practice parameters for the chiropractic profession). Interprofessional examples, where he was a founder of important new organizations that brought together all spine care professionals, are the American Back Society (ABS) and the North American Spine Society (NASS), in both of which he was a founder and rose to be president.

Here we summarize his achievements by looking at some of the landmark events for the chiropractic profession and in spine

care in which he has played a pivotal role. They are dealt with in chronological order.

11. 1975 National Institute of Neurological Communicative Disorders and Stroke Workshop on the Research Aspects of Spinal Manipulative Therapy (NINCDS Conference). This conference, convened by the National Institutes of Health (NIH) in February 1975 in Bethesda, Maryland, and the resulting publication were of major scientific and political significance to the chiropractic profession at the time. In early 1974, when Haldeman was aged 30 and still in medical school at UBC, he received an invitation to serve on the Planning Committee with veteran experts from medicine, biomechanics and osteopathy. In what was seen as a significant recent victory by the chiropractic profession but a setback by medical interests, the US Federal Government had just introduced coverage for chiropractic services under its Medicare Program for seniors. NIH, with intentions unclear, proposed a scientific workshop to discuss the research basis for chiropractic services.

Phillips explains how Haldeman changed the focus from chiropractic care to spinal manipulative therapy (SMT), made suggestions that reshaped the choice of speakers and program, and worked tirelessly with chiropractic participants and their draft presentations to achieve a successful outcome. The NINCDS Conference is still seen as a major turning point in the science of spinal manipulative therapy. This ancient art had finally been reviewed by knowledgeable clinicians and scientists who had set a course for future research. No more could SMT be labelled cultish and invalid due to the lack of scientific investigation, major universities began to pursue related research, and the chiropractic profession and young chiropractors were encouraged to follow Haldeman's example of pursuing graduate research.

12. 1978 New Zealand Commission of Inquiry into Chiropractic. During the 1960s to 1980s there were government inquiries into the chiropractic profession in various countries. The most thorough and famous was the one held in New Zealand in 1978-1979. This inquiry assumed international significance because there were medical witnesses from North America and the 3 commissioners visited Australia, Canada, the UK and the USA before making their findings on the status of chiropractic and whether chiropractic services should be covered under New Zealand's national health care plan.

The stance of the New Zealand Medical Association, which had ethics ruling against MDs associating with DCs, was that chiropractic was an unscientific cult and should not be recognized or supported by the government. Quoting those familiar with the inquiry, Phillips notes that the NZ Chiropractors' Association called Haldeman as its foremost scientific expert. This was late in the inquiry at a point when the commissioners had a positive view of chiropractic education and practice, but needed convincing with respect to the scientific basis of spinal manipulation and chiropractic practice. In its final report, which was generally supportive of the profession and its services and recommended government funding, the commission indicated that it was heavily influenced by Haldeman's testimony, which was accepted in its entirety and provided the scientific vindication the commission had been seeking.

13. 1979 Conference on Modern Developments in Chiropractic. While in his residency program in neurology at UCI Haldeman was trying to persuade chiropractic organizations to create an International Society for the Advancement of Clinical Chiropractic and Spinal Research. Part of this vision was the holding

of interdisciplinary scientific conferences by such a society. The International Chiropractors' Association (ICA) agreed to support a historic conference proposed and hosted by Haldeman and held in Anaheim, California in February 1979 – the first ever interdisciplinary scientific conference with a central theme on chiropractic.

An integral part of the plan was subsequent publication of the text *Modern Developments in the Principles and Practice of Chiropractic*² edited by Haldeman. When produced in 1980 this was the profession's first significant modern text, and the first published by a major publishing house (Appleton – Century – Crofts). Chapter authors, who were the conference presenters, represented a true international, multidisciplinary collection of leading clinicians and researchers. Expanded second and then third editions of the text were subsequently published in 1992 (Appleton and Lange) and 2005 (McGraw – Hill). These three publications have been core texts for chiropractic students for 30 years.

As there were 550 registrants for the Anaheim Conference, and it was a professional and financial success, Haldeman planned to continue such conferences to keep bringing science to clinicians. However two following conferences funded by Haldeman were not financial successes, a planned fourth was cancelled for lack of support, and Phillips records how it was one of Haldeman's major disappointments that his early vision of an International Society with ongoing scientific meetings and research agenda had to be abandoned.

14. 1970s and 1980s - ISSLS and NASS. The 1970s and 1980s saw the formation and growth of two societies that were to become the most prestigious forums in the world for presentation of spine research – the International Society for the Study of the Lumbar Spine (ISSLS) whose journal *Spine* was launched in 1976, and its offspring the North American Spine Society whose journal *The Spine Journal* was launched in 2000. Haldeman was an early influence in ISSLS and a founding member of NASS, and was responsible for both societies opening their doors and publications to DCs.

ISSLS was formed in 1974 with very restrictive rules – members had to be active in ongoing research relevant to the lumbar spine and no DCs were included. Haldeman was active from 1978 by virtue of his medical and basic science qualifications, has served on the ISSLS Executive Committee, has presented much research at annual meetings, and joined the Editorial Board of *Spine* in 1988. At that time medical journals will still refusing to publish research from chiropractic institutions and researchers – Haldeman was central to changing that at that time.

Because there were many North American medical spine specialists not active in research, and therefore ineligible to attend ISSLS meetings, NASS was formed in 1984. Its goals were to conduct and promote research and education involving topics related to the entire spine, though with a primary emphasis on the lumbar spine, and to provide a forum for the development of the complete spine clinician. Haldeman was the only non-orthopedic surgeon at the first planning meeting in Atlanta attended by 12 prominent spine surgeons. In 1988-1989 he was the New Society's fourth President and had already chaired a membership committee that had fought successfully for the inclusion of DCs with appropriate academic clinical and research qualifications. Dr. Reed Phillips was the first such member in 1987.

When NASS developed a scientific journal in 2000 Haldeman was appointed the deputy editor for non-operative care. In the first issue he and Simon Dagenais, DC, PhD, published a paper titled

Cervicogenic Headaches: A Critical Review that remained in the top ten papers requested for the next five years.

Today NASS has had many presentations by members who are chiropractic clinicians and researchers, and DCs have a valuable and appropriate presence at these foremost spine specialty meetings. One impressive recent example of this is in a 2008 special topic issue of *The Spine Journal* coordinated by Haldeman and Dagenais and providing the most comprehensive current review of all operative and non-operative forms of management of patients with back pain.³

15. 1981 - Wilk vs American Medical Association. This was the watershed lawsuit brought by five DCs, supported by the chiropractic profession, against the AMA and other medical organizations. It alleged an illegal conspiracy to eliminate the chiropractic profession through ethical rules forbidding MDs to associate with DCs in education, research or practice. When the plaintiffs were finally successful in 1987 it led to greatly improved relations between the professions – the new era of cooperation that was central to Haldeman’s journey and goals.

Phillips quotes George McAndrews, counsel for the plaintiffs, who concludes that Haldeman’s evidence at the January 1981 trial was of central importance to the success of subsequent appeals and the final result. Pause for a moment to consider Haldeman’s predicament, which was to give compelling testimony in support of chiropractic at a time that he was on staff at a number of California hospitals and in the throes of launching a fulltime practice as a neurologist. He would depend for his livelihood upon medical referrals but was technically acting in breach of medical ethics in a manner sharply opposed by most of his medical colleagues and superiors.

16. 1985 – American Back Society (ABS). The small number of non-surgeons attending ISSLS and NASS, and the lack of a significant forum for true interdisciplinary communication between back care professionals, was a frustration for Haldeman. It was also for California orthopedic surgeon Dr. Aubrey Swartz who incorporated the ABS in 1982 as a forum to bring together the various disciplines within the back care community so there could be a sharing of knowledge, methodology and skills to create better understanding and cooperation amongst professionals with the ultimate goal of improved patient care. Haldeman was a Founding Fellow in 1985, was appointed to the Board of Directors in 1987 and held office as President from 2003 to 2008.

He encouraged the strong participation by DCs from the outset, facilitated co-sponsorship of the December 1986 meeting by Palmer College of Chiropractic West and arranged the joint meetings of the ABS and the World Federation of Chiropractic (WFC) in Toronto in May 1991. As a true interdisciplinary society, attracting foremost clinicians and researchers from all professions engaged in spine care, the ABS has provided a major avenue for understanding an advancement of the chiropractic profession and spine care in North America.

17. 1988 – World Federation of Chiropractic (WFC). At present the members of the WFC, formed in 1988, are 88 national associations of chiropractors throughout the world. The WFC represents the profession internationally, at the World Health Organization and otherwise, and since 1991 has held biennial congresses that include the profession’s foremost presentations of original research. Haldeman, who has served as Chair of the WFC Research Council since it was formed in 1989, has led the development of these congress and research programs.

As Phillips notes, Haldeman himself provided the funds for



At the Chiropractic Centennial Congress in Washington DC in 1995 Dr Haldeman presents the inaugural Scott Haldeman Award, First Prize in the World Federation of Chiropractic’s original research competition, to Dr Bernadette Murphy of New Zealand. At left is Dr Carl Cleveland III, Chair, Education Committee, Chiropractic Centennial Foundation and President, Cleveland Chiropractic College.

research awards at the first three congresses, such was his commitment to developing and promoting research within the chiropractic profession. In recognition of his seminal role the first prize has been named the Scott Haldeman Award since the Centennial Congress in Washington, DC in 1995. Haldeman has received many honors and awards. Phillips reports that “Scott feels that this is one of the most important honors he has received from the chiropractic profession”.

18. The 1991-1992 Guidelines Process and Mercy Conference – Burlingame, California. By the late 1980s research was demonstrating unacceptable variation in medical and surgical practice with respect to back pain patients and generally in health care. Cost of care was rising unacceptably, managed care was making new demands and third party payors were beginning to develop and impose more rigorous practice guidelines. Professionals were under pressure to develop their own evidence-based guidelines to improve practice and defend themselves against third party payors.

This provided the motivation for all chiropractic organizations in the US to support a national guidelines process in 1991 that would lead to the Mercy Centre Consensus Conference in January 1992 and the profession’s first national guidelines – *The Guidelines for Chiropractic Quality Assurance and Practice Parameters*.⁴

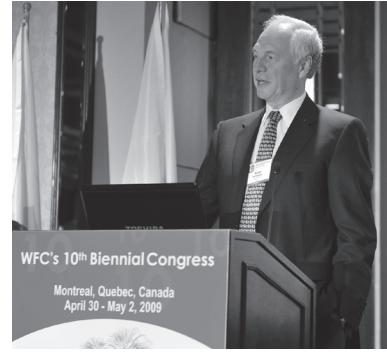
The profession turned to Haldeman to lead this volunteer project. Without remuneration, as for so many of his activities, he served as Commission Chairman, leading the 35 member commission, chairing the conference, guiding the overall process and editing the publication.

19. 1991-1992 RAND Report – Appropriateness of Spinal Manipulation. The 1990s, heralded by the British Medical Research Council’s trial by Meade et al.,⁵ published in June 1990 and supporting the effectiveness of spinal manipulation and chiropractic care for patients with acute and chronic back pain, was the decade in which spinal manipulation was finally recognized as an appropriate treatment for many patients with back pain. As Phillips explains, the 1991 RAND Corporation Report titled *The Appropriateness of Spinal Manipulation of Low-Back Pain: Indications and Ratings by A Multidisciplinary Expert Panel*⁶ was a signal event “that helped turn the tide of public and professional opinion towards spinal manipulation”.

Phillips explains the significance of RAND, the research methodology used and the membership of the nine-person expert panel – comprising four DCs, an osteopath, an internist, two orthopedic specialists and a chiropractor/neurologist (Haldeman). He also explains how Haldeman was the bridge between participants whose mediating presence was “a key to the outcomes obtained”. The RAND Report supported the appropriateness of spinal manipulation for most back pain patients, and importantly was



Right: Dr Haldeman speaking at the WFC Congress in Montreal in May 2009, and, left, presenting the Scott Haldeman Award to Dr. Shawn He of Palmer College, Florida Campus. Also shown is Dr. Louis Sportelli, President, NCMIC Insurance, which funded this \$10,000 award and other prizes.



Haldeman was President of the Task Force. He was at the initial meeting where it was conceived. It was his established international reputation that attracted the expert participants and the several million dollars in funding that made this very ambitious project possible. Phillips describes the work of the Task Force and Haldeman's involvement in detail.

the source of a finding on the duration and frequency of care that was subsequently adopted by the US Agency for Health Care Policy and Research in its back pain guidelines.

The RAND Report recommendation for spinal manipulation for patients with uncomplicated acute back pain was two weeks of care, after which, if no change had occurred, another manipulative procedure should be considered. After four weeks spinal manipulation should only be continued if there was documented change and improvement.

20. 1994 US AHCPR Guidelines for Acute Low-Back Pain in Adults. Within the US Department of Health and Human Services an Agency for Health Care Policy and Research (AHCPR) had been established in 1989 with a mission of improving the quality, appropriateness and effectiveness of health care. Expert panels were convened to provide clinical practice guidelines for management of prevalent and costly conditions including diabetes, pneumonia, heart attack, stroke, prostate disorders, caesarean sections – and back pain. Haldeman and Dr. John Triano were the two chiropractic representatives chosen for the 23-member panel of experts charged with developing the back pain guideline.

In his book Phillips reports Haldeman's advice that the panel was at first openly sceptical of chiropractic participation in this project, which would strongly influence future spine care. However after reading the Mercy Center Guidelines, provided to panellists on the first day, "the tone and reception of chiropractic input was significantly changed". When the AHCPR Guidelines for Acute Low-Back Pain in Adults were published in 1994 there were recommendations against many current medical treatments, but a course of spinal manipulation was one of the first line treatments recommended for patients with uncomplicated low-back pain. This represented a major advance in credibility for spinal manipulation and the chiropractic profession.

21. 1998 to 2008 - BJD Neck Pain Task Force. In 2008 *Spine* and the *European Spine Journal* both published special topic issues comprising the 220 page report of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and its Associated Disorders.^{7,8} The report followed development of the Task Force and then seven years of new original research and evidence review, and has been accepted internationally as redefining neck pain and its management. The report was subsequently reprinted by the chiropractic profession in JMPT, and NCMIC sent a copy of the *Spine* special issue to every neurologist in Canada and the US.

As the editors of *Spine* noted, the multidisciplinary international Task Force represented "a unique gathering of international expertise" and the work of the Task Force "represents a milestone achievement which will be of major significance and importance for patients, the medical profession, the health care system, researchers, research funding agencies and insurance companies".⁹

The findings and recommendations of the Task Force are strongly supportive of chiropractic management, including cervical manipulation. The Task Force emphasizes the need to respect patient preferences and choices. New original research by the Task Force suggests that the rare complication of stroke, found equally in medical and chiropractic patients with neck pain, is associated with rather than caused by manipulation. Haldeman, of course, is widely published in this area of CVA and has given expert testimony in numerous cases. His contribution would have been huge if he had done little else.

Phillips quotes Task Force member Pierre Côté, DC, PhD of Canada, who says "what really impressed me during the years of the Task Force was Scott's relentless commitment to make this body of work relevant to clinicians and patients." The Task Force was more than an academic exercise for Scott, says Côté – "it would change the way people saw neck pain and empower patients to manage their pain. . . . Scott never deviated from this goal". David Cassidy, DC, PhD, DMedSc, the Task Force Scientific Secretary and himself a foremost spine researcher, says:

"The Task Force provided me with the opportunity to fulfill two of my lifelong professional goals. The first was to work with Scott Haldeman, who is a pioneer in chiropractic research and a world leader in spine research. The second was to organize an international Task Force on neck pain with chiropractic and medical scientists working together. Scott was the perfect president for our Task Force as he has spent his entire career building bridges between professions and pursuing the highest level of research".

22. 2009 – Onwards. World Spine Care. In the final chapter of the book, written by him, Haldeman describes his latest initiative – World Spine Care, a visionary new project with the goal of helping people in underprivileged regions of the world who suffer from health problems related to the spine. WSC will recruit volunteer health care professionals including chiropractors, physicians and physical therapists to provide core spine care. Volunteer specialists will fly in to deal with patients referred with serious spinal pathology. WSC, a US non-profit organization, has multidisciplinary leadership, strong corporate support and is endorsed by WHO through the Bone and Joint Decade and by the World Federation of Chiropractic. Collaborating centers include Palmer College and the Canadian Memorial Chiropractic College. WSC is currently completing a feasibility study for its first proposed country – Botswana, which the Haldemans know from their youth in South Africa.

F. Status and Future of Spine Care

Readers of the biography will find great value in the Prologue and the final chapter, both written by Haldeman. Firstly he summarizes the current status of spine care and research: barriers between

professions have been increasingly broken down since the mid 1980s and they are learning from each other, important since no group has all the answers; there is much new research and understanding (e.g. factors associated with spinal pain, accuracy and value of tests, impacts of various treatments); the causes and cures for back pain, however, remain largely unknown; disability and cost of back pain are increasing; “there is no area of health care that is more controversial and challenging than the management of spinal pain”.

Secondly, Haldeman describes a new vision for the delivery of spine care arising from the work of recent consensus panels including the BJD Task Force on Neck Pain. Key aspects of this vision include:


- A new conceptual model needs to be understood and accepted by everyone involved in spine care, especially patients, clinicians and policy makers.
- Guidelines based on the most up-to-date research must be accepted, adapted to the different health care systems, and then implemented into these systems.
- Patients must be educated to understand the factors that influence back and neck pain. They must have a reasonable expectation of treatment and be empowered to participate in their care.
- There must be a primary spine care specialty with practitioners who are readily accessible to patients and who will offer advice, relieve symptoms, and coordinate care.
- Clinicians and professions must establish what their specific role should be in the management of spinal disorders. As the primary spine care specialist develops clinicians who wish to provide specific treatments (rehabilitation, surgery, or advanced injections) and medical management will be freed to perfect their skills and focus attention on those patients who are most likely to benefit from their treatment approaches.

He then expands upon these concepts. For example he lists the various necessary attributes of a primary spine care specialist and notes that there are a number of clinicians from different backgrounds who possess the necessary knowledge and skills – for example chiropractors working as primary clinicians in multi-disciplinary spine care clinics, orthopedic surgeons who have focused on general spine care rather than surgery, and family or occupational physicians who have a special interest in spinal disorders. However “there is no cohesion between individuals who have migrated to the role of primary spine care specialist, nor is there any professional forum where they can interact”.

One profession may achieve cultural authority for spinal disorders, but that will require a group decision and commitment by its professional associations and educational facilities. An alternative, says Haldeman, is that there may be new postgraduate programs to train primary spine care specialists that incorporate members with different professional backgrounds.

G. Conclusion

23. Haldeman’s unique career is a continuing remarkable journey. As Phillips concludes, his impact on spine care, including the relationships between professions who provide it, has been “immeasurable”. We give Phillips the final word:

“Few people start life focused on greatness. Few with the capacity to become great achieve their fullest potential. Few who become great remain respectful of their roots and committed to the fundamental causes that started them on that road. Scott’s achievements have placed him in the latter category of men.” 

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