Quiz Answers: Holtzman: "I'm going to steal your Chi now..."

TRADITIONAL CHIROPRACTIC PRINCIPLES

- 1. A compassionate manner w/ empathy, nonjudgemental acceptance, congruence, & genuiness
- 2. Betterment and caring for the human race, discrimination
- 3. Logic & Evidence
- 4. Body, parts, parts-bearing organism
- 5. Minimal intervention, less invasive therapies, active participant
- 6. Nature, interference
- 7. Wellness through diet, exercise, counseling, activies, chiropractic :: no drugs
- 8. Supernatural force, imparts life to an organism
- 9. Innate intelligence of the body flowed throughout the nervous system without irritation
- 10. Structural (Trauma), Chemical (Poisons), Mental (Auto-suggestion)
- 11. T1-T4
- 12. T5-T8
- 13. Liver & Gallbladder
- 14. Intestines, Kidneys, & Adrenal glands
- 15. L1-L3
- 16. When a stimulus to a somatic structure results in a response in another somatic structure
- 17. Muscle stretch reflexes, muscle spasm due to back injury
- 18. Contraction of somatic muscle due to stimulation of visceral nerves (appendicitis → abdominal muscles)
- 19. Response in visceral structures due to Stimulation of somatic tissue (muscle tear \rightarrow kidney pain)
- 20. Viscerosomatic
- 21. Structural-Somatovisceral (Trauma), Chemical-Viscerosomatic (Poisons), Mental-Psychovisceral (Auto-suggestion)
- 22. Response of ANS and neuroendocrine function due to stress-emotions

PHILOSOPHY OF CHIROPRACTIC

- 23. Reflective inquiry aimed at clarifying various modes of thought
- 24. Monocausal concept of subluxation-induced disease
- 25. An abnormal, interruption, cessation, or disorder of the body *functions*
- 26. Mechanical & chemical
- 27. The state of an organism when it functions optimally without evidence of disease or abnormality
- 28. Has its own innate recuperative powers
- 29. Physical monists, epiphenomenalists, psychophysical parallelism, interactionist view
- 30. Mental processes do not exist, the mental is merely physical
- 31. Recognize the role of the mind but deny that mental processes may trigger behavioral events
- 32. Mind and body do not interact even though the events of one may correspond with events of the other
- 33. Interactionist (mind and body interact, body may dominate but new research says its equal & mutual)
- 34. Perception and appraisal
- 35. Disease
- 36. Placebo



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- 37. Psychoneuroimmunology
- 38. Cortisol, immunosuppression
- 39. Increase natural killer cells
- 40. Macrophage over activation & excessive tumor necrosis factor → myalgia, malaise, fatigue, depression
- 41. Chronic anxiety
- 42. No
- 43. Nonspecific response of the body to any demand
- 44. Bad stress (surgery, malnutrition, etc.) :: Good stress (Regular, exercise...)
- 45. Restorative Localized short term response of tissue to the stress of trauma or other physiological change
- 46. Blood clotting, light accommodation, pressure response
- 47. An inflammatory response stimulated by trauma or infection
- 48. 1st (cell & circulatory changes), 2nd (release/remove harm), 3rd (Tissue repair / scar formation)
- 49. Physiological response of whole body to stress (primarily ANS & endocrine)
- 50. Alarm (fight/flight), adaptation (resistance to stressor), exhaustion (failure of system due to prolongation)
- 51. Stabilize
- 52. High BP, plaques, ulcers, IBS, cancer, hives, asthma, allergies, migraines, infertility, mental disturbances
- 53. Mechanical input, ritual
- 54. Chiropractic physicians (47%), Broad scope (34%), Focused Scope (19%)
- 55. Primary health care physician

LEGAL ISSUES

- 56. Electronic transfers of Health Data
- 57. Diagnosis, treatment proposed, risk-benefit, outcome, alternative, right to no treatment
- 58. Fiduciary, caveat emptor
- 59. Buyer beware
- 60. Financial interests of doctor
- 61. Learning & using the current standard of care
- 62. Use preconceived dogma set by authority
- 63. Use experience of self or others
- 64. Use theories with roots in basic sciences
- 65. Use methods which have been tested by clinical research
- 66. Improper (commission, low quality) or negligent (omission)care by the practitioner
- 67. Patient, insurance, professional
- 68. Public (7'), Social (4-7'), Personal (1.5-4'), Intimate (<1.5')
- 69. Formation (The idea in presence), Exploration (Fantasy w/o presence), testing (flirt), resolution (y/n)
- 70. Boundary issues
- 71. boundary violation
- 72. Ignoring goals, role reversal, secrecy, rationalization, confusion of needs, personal disclosure
- 73. Patient Health, make money



Chiropractic Philosophy

Test 2A

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- 74. Yes (naïve, mistake) :: No (active)
- 75. When someone with specific needs needs help from this individual
- 76. Students, teachers
- 77. Intimate relationships, gaining access disguised as treatment, abusing incompetent/unconscious patients
- 78. Professional association, state licensing boards, law enforcement, doctor involved
- 79. greater mistrust towards men & doctors, more psychological/somatic/visceral problems
- 80. Duel relationship results, doctor's needs conflict with the patient's needs
- 81. Does not
- 82. Jury decides, but APA says never (AMA says 7 years)
- 83. Never ask patient out (especially for physical), 1 foot social, stop & refer care
- 84. Defense
- 85. Remark or behavior that is improper
- 86. Conduct & effect on recipient, intention of harasser
- 87. Coercion, unwelcome, pervasive or continuous