

A Profession Seeking Clinical Competency: The Role of the Gonstead Chiropractic Technique

MATTHEW J. AMMAN, D.C.*

The Palmer School of Chiropractic was in a clinical conundrum after the death of its iconoclastic leader B.J. Palmer. The school had left full-spine chiropractic in the 1930s when Palmer perpetuated his upper-cervical specific Hole-In-One Technique. In 1961, the Gonstead Chiropractic Technique resurrected full-spine chiropractic at the flagship school and became the cornerstone of the school's technique curriculum. This paper reviews the history of this name-brand chiropractic technique to add to our understanding of early chiropractic education.

Introduction

A major effort of the chiropractic profession in its first one hundred years was gaining political legitimacy (1). It required enormous time and energy from chiropractic's political and educational leadership. To provide itself with the necessary framework to legalize, the reasons of why and how chiropractic was different from medicine dominated chiropractic consciousness ([2], [3], [4], [5]). Professional politics has always united chiropractors; however, the practice of chiropractic is entirely a different matter. The technique wars of the 1950s that chiropractic critic Samuel Homola, D.C., noted in his 1963 analysis of chiropractic affairs revealed a healing art struggling to define itself clinically (6). This lack of focus on chiropractic art among chiropractic leadership within national associations and educational institutions permitted such schisms. Regardless, healthcare history has shown that inconsistent therapeutic effectiveness can remain independent of professional development, but it will remain a barrier to professional maturation ([7], [8], [9]).

The discussion about chiropractic technique is complicated and argued from many different angles and justifications. The larger and historical argument has been between uni-modal (straight) and multi-modal (mixer) chiropractors. This may be a more ideological in nature than anything more. The other fundamental argument is the difference between uni-modal procedures. In both situations, attempts to unify practice procedures by either political or scientific means have failed.

However, the advent and role of the chiropractic-scientist has recently changed the technique-war debate. The persuasion and rhetoric by this new type of chiropractor, based on science, has not only led to the restructuring of academic departments by changing hiring and tenure procedures, but a new generation of graduates with an evidence-based practice mindset ([10], [11], [12]). As expected, they are markedly progressive by using hard and soft techniques, various technologies and by hiring of massage therapists. While the success of this new type of intellectual chiropractor is highly debatable, the structure and orientation of this model is significant in many ways. Many of these explorations are beyond the scope of this paper, but this paper will highlight the important ones:

First, the chiropractic-scientist is likely to develop and contribute to the corpus/knowledge base important to developing chiropractic's professionalism and rise to power. In contrast, numerous educational institutions have been cognizant of marketplace needs and created specific technicians (field-experts) whose information coincides with chiropractors: biomechanical engineers, exercise physiologists, occupational health nurses, doctors of physical therapy, physical aides, massage therapists trained in specific soft-tissue procedures, etc;

Second, the chiropractor-scientist is perhaps afforded a fast-track route to the institutions that currently hold power: hospitals, integrative health clinics, group-doctor practices, etc;

Third, the chiropractic-scientist is prepared to embrace new technologies and procedures directly or indirectly complementary to chiropractic's social fact of being neuro-muscular-skeletal specialists. The growth of sports chiropractic is a good example.

Although the chiropractic-scientist model may have significant advantages, it ignores the pragmatic question of does the patient get better because of this new orientation. Putting the cart ahead of the horse is common in the profession; and while the chiropractic-scientist model on the surface seems to employ the most scientific forms of chiropractic, the evidence hardly supports the position. *The Journal of Manipulative and Physiological Therapeutics*, chiropractic's premier research journal, clearly points out that at this time only a few advocates of specific techniques are interested in scholarly publishing (13). Rather, the emphasis by chiropractic's small scientific elite is towards the broader questions of chiropractic in the marketplace (chiropractic care effectiveness for treating low-back pain, etc.) instead of optimizing practice procedures and comparative studies between techniques.

As a result, chiropractic's periodicals have polemics on both sides of the issue advocating either the continued support for the old techniques, rich with history and years of observational proof, or support for the new techniques with arguments based on marketplace needs and/or the limited science. Keating, Cooperstein, and Gleberzon among others have provided various contemporary observations to explain this debate ([14], [15]).

An archaeology of chiropractic practice reveals an inter-connection between the dilemma of today's chiropractic-scientist and that of the old chiropractic-field-practitioner to reveal the paradox of chiropractic education. Ever since the formal development of manipulation in the late nineteenth century by osteopathy and chiropractic, multitudes of strategies have developed. The gaze of these diverse hand-healers reveals a progressive understanding, but the democratic nature of chiropractic led to clinical frustration among the proletariat field-practitioner creating a plethora of name-brand techniques. It was not until the revolt at the Palmer School of Chiropractic (PSC), chiropractic's flagship college, that things changed. This paper revisits this period revealing the unique role Gonstead Chiropractic Technique (GCT) played in chiropractic's professional maturation.

But a cautionary remark should be recorded now. First, skewed by its generic nature and commonness in practice, previous chiropractic scholars and organizations often categorize the GCT as separate and unique or under the label of Palmer Package or Di-

versified ([16], [17], [18]). Second, this author must define clinically competent. The assumption is that chiropractic has the purpose of correcting a subluxation with pain being the most obvious symptom. The chiropractor, by definition, employs the high-velocity-low amplitude (HVLA) adjustment to correct a subluxation. The field-practitioner confronts various types of pain; the most obvious type of pain conducive to chiropractic adjustment is neuro-musculo-skeletal (NMS) pain. An example for sake of argument is the sacroiliac subluxation, a common NMS malady. According to the training at PSC between 1930 and the early 1960s, the Palmer graduate would be incapable of alleviating this type of pain, as evidence will demonstrate later. The works of Gillet, Gonstead, Logan and others were capable of correcting this subluxation, but only by remaining outside the theoretical framework of B.J. Palmer and his HIO technique. That is, a full-spine chiropractic approach offered chiropractic a better strategy for power with GCT being the provisional model (Diversified technique would subsequently replace it). The following key components made GCT attractive:

- 1) GCT has successful outcomes;
- 2) GCT is full-spine;
- 2) GCT adjustments are HVLA;
- 3) GCT hypotheses on spinal biomechanics seemed plausible at the time; and
- 4) GCT uses chiropractic machines.

The final aspect of this author's archaeology depends on the definition of chiropractic practice. Chiropractic's success is dynamic because of its non-uniform styles of practice. To state that chiropractic's primary success is because of the HVLA adjustment is both true and false. The professional fact is that some chiropractors adjust, while others do not. Because adjusting is an art that requires skill to master, some are adept enough to become more proficient than others. This irregularity is inherent in all manual care (i.e., chiropractic, dentistry, massage therapy, surgery). To aid the practicing chiropractor, various strategies for creating patient dependency exist, often with the assistance of chiropractic business consultants. These strategies include patient-doctor rhetoric (enneagram profiling, hyperbolic language, use of similes and metaphors ([19], [20])) and ancillary therapies (e.g., nutrition, soft-tissue techniques, physiotherapy equipment). As a whole, these can optimize the outcome independent of a chiropractic HVLA adjustment. At its farthest point, the incapable but psychologically astute chiropractor practices across the street from the master adjustor.

In other words, we must establish the fact that

Clarence S. Gonstead, D.C., was a master adjustor. Experts in any field, including chiropractic, must meet three requirements that demonstrate their expertise: first, the outcome of an expert needs to be consistently superior to that of his/her peers; second, the results need to produce concrete results like having successful outcomes and third, expertise needs to be replicable and measured (21). Gonstead meets these requirements:

1. His practice, the largest single-doctor chiropractic office in the world, attracted patients from all over the United States and numerous other countries as well. The foundation of that success was clinical competency—helping patients with aches and pains from toe to skull. Meanwhile B.J. Palmer's HIO technique worked well for subluxations in the cervical spine. Furthermore, Gonstead's skill garnered respect from those in the academic world. Joseph Janse, D.C., president of National College of Chiropractic, firmly believed in Gonstead's work. He recognized that Gonstead represented success built upon skill and effectiveness, not verbosity or marketing (22). Even upper-cervical specific chiropractor and Life College of Chiropractic founder Sid Williams, D.C., wrote, "He (Gonstead) was not a commercial chiropractor. He was, rather, first and totally concerned with the adjustment (23);"
2. Gonstead's method of care alleviated the patient's pain;
3. The growth and success of Gonstead seminar-trained and eventually PSC Palmer Package trained chiropractors.

Gonstead Seminars of Chiropractic

Ted Markham, D.C., receives credit for promoting the GCT. While attending Lincoln Chiropractic College (1948-1950), he met a fellow student who was a patient of Dr. Clarence S. Gonstead. This woman, whom Markham would later marry, convinced him to visit Gonstead and observe his unique method of practice. Finally conceding to her wishes, he visited Gonstead. After witnessing Gonstead's unique side-posture adjustments, the use of a chair to adjust the cervical spine, and the role of the neurocalometer and x-ray analysis in clinical decisions, Markham was in disbelief. It was very different from what he was learning in school. When he finally graduated in

1950, he set up his own clinic in Beaver Dam, Wisconsin. With his free time, Markham researched the biomechanics that Gonstead proposed using a dry skeleton and x-ray machine mainly out of an effort to disprove him ([24], [25]). Yet, he became convinced that Gonstead was onto something, especially when confronted with his own professional situation: He found himself clinically incompetent to treat the majority of his patients.

Markham had two things going for him. First, he saw that he was like most mid-twentieth century chiropractors—clinically incompetent. It was not that he did not try to help his patients; the root of his problem was his application of chiropractic. When Markham examined and adjusted a patient, more often than not, the patient did not get any better. His system of analysis and program of care was ineffective. Second, when he and his wife traveled to Mount Horeb, Wisconsin, to observe Gonstead practice and to interview his patients, he saw something very different happening. Most of Gonstead's patients were reporting feeling completely fixed—results Markham was not achieving (26).

Since Lincoln was a very small chiropractic school, its graduates, like Markham, represented only a fraction of the overall doctor population. If problems with competency existed, the public could have had the opportunity to visit a graduate of another school—one with superior training. However, this was not the case. PSC as the dominate chiropractic institution was actually a much larger problem with thousands of PSC graduates under the HIO regime who were equally incompetent. To compensate, many PSC graduates, and Lincoln graduates as well, attended post-graduate seminars on chiropractic technique or were self-taught to become full-spine oriented ([27], [28], [29], [30], [31], [32]). In one case, second-generation chiropractor John Darrow (1950 PSC) had to learn full-spine evaluation and adjusting from his father, a 1914 PSC graduate (33). Curt Gonstead (1956 PSC) did the same thing with his father Merton (1927 PSC) (34). The technique wars of the 1950s were likely a result of chiropractic's educational deficiency. As for Markham, he had the vision to see that there was a market for educating others in the technique. If chiropractic schools were not going to produce competent chiropractors, then he would with Gonstead's unique method.

In April 1954, Ted Markham organized the first "class" in the basement of Gonstead's clinic. It was a small success with seven attendees paying Gonstead six hundred dollars—reimbursement for missing one day's work. With the help of his wife Phyllis Markham, D.C., these classes became a platform for a traveling seminar program. In the beginning, Markham invited his classmates and colleagues from

his alma mater, Lincoln Chiropractic School, to host a Gonstead seminar at their clinics. One of the first to oblige was Marv Klaes, D.C., a chiropractor in Indiana who later became one of the first seminar instructors (35).

With strong growth in seminar attendance in a greater number of host cities, Markham had a hard time taking care of his own chiropractic office. In 1962, Gonstead agreed to hire Markham as the seminar director. In the process, Gonstead also hired Markham's good friend Lee Vogel to be the seminar's business manager.

As the seminar business captured the attention of the profession by hosting events all over the country, a problem of internal cohesiveness developed. In a disagreement regarding economic compensation, Markham and Vogel resigned from their positions in October 1965 (36). To fill the vacancies, Gonstead hired Drs. Alex and, later, Doug Cox, two brothers who worked at the Gonstead Clinic and taught the seminars.

Managing Gonstead Seminars of Chiropractic and later acquiring and operating the Gonstead Clinic of Chiropractic were monumental tasks. Together the Cox brothers brought a new academic model of education to the seminars. The seminars offered a tiered set of classes ranging from the specific needs of the first time attendee to those of the well-versed seminar attendee. They also sought to clarify the discrepancies that existed in the material. For example, there were technical problems with Gonstead's protocol for taking full-spine x-rays. Other problems existed in Gonstead's interpretation of leg-length inequality and his methods of adjusting extremities ([37], [38], [39]). One reason for much of the confusion was Gonstead himself. Being the kinesiologic type, it was often easier for him to show people how to do rather than to tell them. The other problem was his enormous private practice. Gonstead refused to give up his practice to teach others; he preferred to adjust patients, often times adjusting three hundred patients a day, six days a week. As a result, it took years for others to understand his approach, let alone teach it (40).

The Role of Palmer School of Chiropractic

The seminar business flourished under the Markham and Vogel's leadership. In doing so an important event occurred to cause flashover and legitimize the technique—PSC's adopting a full-spine curriculum. One marker of professional acceptance and legitimacy is the adoption of a procedure or technique by a profession's educational institutions. While the seminars met a basic market need, no matter how hard Markham and Vogel worked, at best they could only capture chiropractors who were electively seek-

ing higher education. The next level was acceptance of the work by a chiropractic school, not as an elective but as a core class. This was not a conscious decision on the part of the Gonstead Seminars, but an opportunity afforded them by chance. Ironically, had Gonstead not been an alumnus of PSC, he might have been degraded as another technique guru instead of an expert. Another point worth making is that Gonstead's work was not the first to offer a full-spine technique system; but as luck would have it, presented itself when PSC had a renewed need for one.

After Gonstead's 1923 graduation from PSC, B.J. Palmer stifled chiropractic art by his development and absolute adherence to upper cervical specific Hole-In-One (HIO) technique in 1934. This therapeutic approach disregarded any spinal adjusting below cervical bone number two (41). HIO would dominate the PSC curriculum, the largest chiropractic school in the nation from 1934 to 1961, while the school was falling from its esteemed position. The HIO model was restrictive as a primary guide for the profession, specifying legal boundaries and creating norms for theory construction, theory acceptability, concept legitimacy, and success criteria. Chiropractic science and art had fallen prey to extreme reductionism. Ultimately, it led to a revolt and the "Green Light" speech by Herbert M. Himes, D.C., chair of the technique department at PSC. On 4 January 1956, Himes outlined to the student body and faculty that because HIO was "practiced exclusively by relatively few" and that "until such time as the Chiropractor becomes the PRINCIPLE HEALER, legally and legislatively, we must have a circumscribed area of practice, and that area must be the ENTIRE spine (42)." To appease the Palmerites—chiropractors with uncritical fidelity who accepted B.J. as some sort of prophet—Himes closed his speech by saying:

In case you have any ideas that we are sneaking this into school while B.J. is in Florida, let me close this talk by reading two quotations from recent correspondence with him. FIRST QUOTE: "In granting this program, as outlined, with exceptions noted, we do so knowing that if it is RIGHT, it will live and grow in the minds of more people. If it is WRONG, it will die and anything we might stubbornly refuse to yield on would be a dogmatic attitude in dealing with this program. Second, I do fully and most heartily concur in getting on top of this program and the sooner the better. We DO give YOU the greenest light we know, to go ahead (43).

Over the next few years, the school would adopt a quasi full-spine curriculum. The pioneer in this

transition was B.J.'s friend and faculty member Clay Thompson, D.C. An inventor of sorts, he first developed the Palmer-Thompson drop headpiece adapted in HIO work. Extending his ideas, he made a table in 1957 with drop sections for the thoracic, lumbar and pelvic regions (44). However, without full cooperation of the school's faculty, it failed to be incorporated into the classroom and the student clinic. By matter of convenience, the momentum of HIO continued (45). Alan Zelm, a 1959 Palmer graduate, remembers "the student clinic at the time was a huge auditorium where you had to use the NCM and establish an abnormal pattern three times before you could adjust it. Once you verified the pattern with an instructor, you went up on stage, in front of everyone, and toggled either C1 or C2 (46)."

Not until B.J. Palmer's death in June 1961 would the institution attempt to rebuild through the progressive leadership of David D. Palmer. In the final years of B.J.'s administration, the school's reputation had fallen to its lowest point. With declining enrollment, the school was in bad financial shape. To rebuild its academic reputation, gain financial solvency, and repair the deteriorating school buildings required massive action as detailed in David's book *Three Generations: A Brief History of Chiropractic* (47).

Among the various educational reforms were new faculty appointments. David Palmer hired Jerry McAndrews, D.C., in October 1961 as the new clinic director and later as chairperson of the chiropractic sciences division. In this capacity, McAndrews started rewriting the curriculum; and for the first time in over a quarter of a century, the PCC faculty would begin teaching full-spine chiropractic again—measures that failed to happen with the Thompson Chiropractic Technique. In the transition phase, McAndrews attended a few Gonstead seminars after hearing it was a "rational, mechanical, and structural" full-spine system. When he saw "the logic of it," he made the technique the school's core curriculum (48). In time, Gonstead invited the Palmer faculty to attend seminars at no cost; and it became common to have faculty and students sitting side by side at seminars learning the material. In 1963, McAndrews hired Doug Cox, a former student of his and brother of Gonstead seminar instructor Alex Cox, D.C., to teach the technique at PCC (Table 1).

The transition under McAndrews was not without struggles. Prominent Palmerites such as Sid Williams, D.C., Reggie Gold, D.C., and Bud Crowder, D.C. (president of Palmer Alumni Association); preferred the esoteric upper cervical work and resisted the changes. Despite their arguments, the curriculum changed to full-spine science and art. David Palmer, with McAndrews' collaboration, recognized the political limitation of the HIO model. At the time, the

school was fighting political battles for state licensure laws in New York, Massachusetts, Mississippi, and Louisiana. Meanwhile, a federal accreditation effort by the Foundation for Accredited Chiropractic Education (FACE) was upgrading chiropractic education (49). The broader definition of chiropractic science and art as full-spine was politically necessary for the profession to gain complete legal legitimacy (50). The years of rhetoric and persuasion by B.J. Palmer and the Palmerites that chiropractic was alternative had collapsed. The social fact was that chiropractors were spine doctors. The arguments for inclusion at the state and, later, federal levels played on that fact in order to win.

The GCT led to a significant reorientation of chiropractic art at PCC. The school began teaching Gonstead's evaluation procedures (visualization, instrumentation, static and motion palpation, and full-spine x-ray analysis) followed by specific segmental adjusting. Since its acceptance, the school had undergone various curriculum changes; but patient evaluation and adjusting as taught in the classroom and student clinics remains structured around the GCT. To accommodate a more academic neutral position, PCC decided to label its heavily weighted GCT classes under the disguise of Palmer Package. In doing so, it accommodated the inclusion of the Derfeld-Leg Test and certain Thompson Technique procedures ([51], [52]) (Table 4).

Other Factors

Beyond the reach of PCC, other efforts worth mentioning facilitated proliferation. On his death in 1978, Gonstead's estate created two trusts. The Gonstead Chiropractic Teaching Trust sought to provide chiropractic colleges the necessary means to teach the work: a paid educational chair, the necessary equipment (neurocalometers, full-spine x-ray film cassettes, complete Gonstead adjusting sets consisting of a knee-chest table, cervical chair, and pelvic bench) and numerous copies of the Gonstead Technique textbook. Only four chiropractic schools received the money: Palmer College of Chiropractic (\$198,230.00); Cleveland College of Chiropractic (\$78,750.93); Logan College of Chiropractic (\$37,503.00), and Western States College of Chiropractic (\$37,689.21). The second trust, The Gonstead Educational Trust, provided full-ride educational scholarships for ninety-one students. Besides covering the cost of school, it allowed students to attend Gonstead seminars free. Beginning in 1980, the two trusts awarded a total of \$1,143,662.40 until its termination in 1997 (53).

The second force was the efforts of individual Gonstead practitioners to affiliate themselves with chiropractic school faculties. Richard Cranwell,

D.C., graduated from Logan College of Chiropractic in 1976 feeling confused on how chiropractic worked, much as Markham had years before. Four months later, Cranwell attended his first Gonstead Seminar where the Gonstead Seminar staff announced they were looking for a new intern. He applied for, got the job, and stayed at the Gonstead Clinic of Chiropractic until 1979. He then returned to St. Louis, Missouri, to start a private practice. In 1980, he joined the faculty of Logan, teaching the GCT as a recipient of the Gonstead Teaching Trust. He continues to be on faculty while maintaining his private practice ([54], [55]). The author has observed parallel efforts by Linda Mullins at Life University and John Quitoriano at Palmer West.

Another medium for dissemination was student study groups and internship programs. For example John Thatcher, D.C., in St. Paul, Minnesota recognized the need to promote the work at other chiropractic schools. In the 1970s, he developed a relationship with Northwestern College of Chiropractic (NWCC) President John Wolfe, D.C., to work on getting the GCT into the curriculum. At Thatcher's suggestion, NWCC hired GCT-oriented and PSC graduate Gary Pennebaker, D.C. As a co-instructor, Pennebaker taught GCT with the school technique department. At the same time, the committee members of the Gonstead Trusts invited NWCC to apply for funds, but the college decided to withdraw any interest in the Educational Trust on the grounds of academic independence. However, NWCC did promote the Gonstead scholarship program to its student body. Many received the scholarship. Frustrated with the school's resistance to embrace a proprietary technique in its curriculum, Thatcher offered to teach a class dedicated entirely to GCT in 1980. The school granted Thatcher permission to teach a voluntary class over the lunch period for one trimester. The school appointed part-time faculty member Gary Pennebaker, D.C., to oversee the class. However, when the class started, Thatcher's notorious personal habit of running hours late forced Pennebaker to take the lead in assisting students to learn the material. Despite interest from students, without administrative support, the optional lunchtime program lasted one trimester (56).

Nevertheless, Pennebaker would remain a Gonstead aficionado and assist Thatcher in teaching Northwestern's students the material off-campus in the basement of Thatcher's private practice clinic. These informal, unofficial student gatherings continue to this day, although at a different location (57). Furthermore both Thatcher and Pennebaker began accepting student interns at their clinics to learn GCT. A similar situation occurred with Larry Troxell, D.C., starting an internship program for students at PCC.

The creation of Gonstead clubs in chiropractic

schools and among field-practitioners was a third force. The Gonstead Clinical Studies Society (GCSS), started in 1979, was the field organization of the Gonstead enterprise. The Society sought to recognize and certify doctors who claim to use the method and to initiate further scientific investigation of the GCT. For the most part, it has been successful. Currently, it has 447 members in all fifty states with international members in Australia, Canada, Germany, Israel, Netherlands, New Zealand, Norway, Switzerland, and United Kingdom (58). It has also assisted in the creation of two full-referenced textbooks: *Textbook of Clinical Chiropractic: A Specific Biomechanical Approach and Pediatric Chiropractic*. As for on-campus student Gonstead clubs, they likely started because of student initiative sometime after 1980 ([59], [60], [61]). These clubs, especially at schools with Diversified programs such as NWCC, provide students with opportunities to explore and specialize in specific name technique protocols (e.g., Gonstead, AK, Activator, Motion Palpation, SOT).

Reflections

The GCT has followed a natural history. The evolution of school trained versus seminar trained Gonstead chiropractors has shifted the locus of control. As a result, the need for Gonstead post-graduate seminars has decreased. It has also led to the diminishing presence of the Gonstead Clinic of Chiropractic in Mount Horeb, Wisconsin. From 1960 to 1990, the clinic staff started recognizing that it was beginning to compete with other Gonstead chiropractors. Former members of their staff, seminar attendees, and PCC graduates (after 1961) were practicing in the area (Table 3). As more chiropractors were trained according to the principles of the GCT, a new generation of clinically competent chiropractors emerged; and arguably, the typical Palmer Package chiropractor became proficient through his/her education at PCC or at other schools teaching the Diversified approach/technique. The net result was, for the most part, a competent profession.

As a stand-alone technique, a number of issues has fragmented the Gonstead enterprise, many of which are outside the scope of this paper (e.g., use of physiotherapy, soft-tissue techniques). The first and most significant was the schism between Gonstead Seminars of Chiropractic and Gonstead Advanced Technique (GAT). This second seminar group for long-time devoted Gonstead seminar attendees started shortly before Gonstead's death. Initially approved by Gonstead Seminars of Chiropractic staff (the Cox brothers), it allowed Gonstead to spend more time with seasoned field-doctors and answer their more complicated questions. However, when Gonstead

died, instead of GAT disbanding, it developed into a rival seminar business, Gonstead Methodology Institute (GMI), under the direction of Larry Troxell, D.C. Many years later, a third and inconsequential seminar group, Thornton Consultant Services Relicensure Seminar, formed (Table 5). It is not a new phenomenon. The same happened when technique guru John F. Grostic, Sr., D.C., died in 1964 with his original seminar company breaking into multiple factions ([62], [63]).

Further splitting occurred when Gonstead Seminars of Chiropractic (now Gonstead Seminars, Inc.) under the ownership of W. John Cox, D.C., decided to separate from GCSS in 2000. Both sides have remained closed-lipped about why. This lack of autonomy has caused duplication in efforts. One example is that both groups compete for the right to "certify" Gonstead chiropractors. Gonstead Seminars, Inc. chose to develop an allegiance with the Palmer Institute of Professional Advancement. Interested doctors must follow a four-part process to achieve the title of "Ambassador." GCSS, on the other hand, has a College of Fellows that grants certification based on a practical and written exam. Regardless, neither system carries any legal merit and is nothing more than an acceptance by one's peers.

In summary, David Palmer as president of PCC was critical to GCT's proliferation. David was man of a new generation with an admiration for technology and respect for formal education (64). His background offered him a new view of the chiropractic landscape, which revealed numerous discrepancies that needed resolution for chiropractic progress. Technology, specifically the x-ray machine and Nervo-Scope®, and full-spine chiropractic would become part of his verbal armament that chiropractic is both scientific and successful in the healthcare marketplace (65). To emphasize that GCT's role in this context was no more than a political strategy ignores the practical outcome of David's decision because subsequent graduates not only entered a more favorable marketplace free of prosecution, but were clinically competent as well.

Moving forward, the GCT at PCC facilitated chiropractic's discourse in the original intellectual and physical space created by D.D. Palmer. Until the most significant school in chiropractic adopted the reality of field-practitioners, the profession remained educational and clinically divisive. Diversified Chiropractic Technique, in many ways, reflects the combination of the profession's rich and successful techniques and the flexibility to change its ways that science demands of it.

REFERENCES:

1. Walter L. Wardwell, *Chiropractic: History and Evolution of a New Profession*. (St. Louis: Mosby-Yearbook, Inc. 1992) p.178.
2. J. Stuart Moore, *Chiropractic In America: The History of a Medical Alternative*. (Baltimore: Johns Hopkins University Press, 1993) pp.73-92.
3. Joseph Keating, *B.J. of Davenport: The Early Years of Chiropractic*. (Davenport: IA. Association for the History of Chiropractic, 1997) pp.107-137.
4. _____, *Toward a Philosophy of the Science of Chiropractic: A Primer for Clinicians*. (Stockton, California: Stockton Foundation for Chiropractic Research, 1992) pp.44-5, 313-314.
5. David Palmer, *Three Generations: A Brief History of Chiropractic*. (Davenport: Palmer College of Chiropractic, 1967) pp.31-33.
6. Samuel Homola, *Bonesetting, Chiropractic, and Cultism*. Panama City, Florida: Critique Books, 1963) Chapter 11.
7. Margaret Pelling, "Unofficial and Unorthodox Medicine," in *The Oxford Illustrated History of Western Medicine*. Irvine Loudon (Oxford: Oxford University Press, 1997) p.270.
8. Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. (New York: Basic Books, Inc, 1982) p.16.
9. Moore, *Chiropractic in America* (n.2) p.144.
10. Michael Haneline, *Evidence-Based Chiropractic Practice*. (Sudbury, MA: Jones and Bartlett Publishers, 2007).
11. Claire Johnson, "Highlights of the Basic Components of Evidence-Based Practice," *Journal of Manipulative and Physiological Therapeutics*, 2008, 31:91-92.
12. Matthew Davis and Geoffrey Bove, "The Chiropractic Healer," *Journal of Manipulative and Physiological Therapeutics*, 2008, 31:323-327.
13. Joseph Keating, letter to the editor. *Journal of Manipulative and Physiological Therapeutics*, 2004, 27(1):74-75.
14. _____, "Several Pathways to the Evolution of Chiropractic Manipulation," *Journal of Manipulative and Physiological Therapeutics*, 2003, 26(5):300-321.
15. Robert Cooperstein and Brian Gleberzon, *Technique Systems in Chiropractic*. (St. Louis, Missouri: Elsevier Limited, 2004).

16. Herbert J. Vear, H.J. *Introduction to Chiropractic Science*. (Portland, Oregon: Western States Chiropractic College, 1981) p.169.
17. Cooperstein, *Technique Systems in Chiropractic* (n.15), p.161.
18. Reed Phillips, "We Need to Bring Order to Our Techniques," *Dynamic Chiropractic*, 2002, 20(01):Table 2.
19. Larry Markson, Dennis Perlman and Bob Hoffman. *The Masters Guide for the 21st Century Chiropractor*. (Lake Success, New York: The Masters Circle, 2001) pp.227, 232-273.
20. *Parker System of Professional Service for the Doctor of Chiropractic*. first edition (Fort Worth, Texas: The Parker Chiropractic Resource Foundation, 1993) pp.309-310, 408, 417-432, 443-445.
21. K. Anders Ericsson, et al., "The Making of an Expert," *Harvard Business Review*, July/August 2007:15-21.
22. Joseph Janse, "A Great Distinguished Clinician and Teacher is Called Home," *Digest of Chiropractic Economics*, November/December 1978:28.
23. Sid Williams, "Lyceum Clarence S. Gonstead: A Man for All Seasons," *Today's Chiropractic*, October/November 1978:6.
24. Mary Goble, *The Master's Touch*. (Mt. Horeb, Wisconsin: GCSS Publication, 1990) p.3.
25. Phyllis Markham, D.C., interview with author, 20 September 2005.
26. _____, "Gonstead Chiropractic" in *Chiropractic Ethics and Economics*, vol 9, no 4, ed/pub L.E. Cheal, D.C., (Leitchfield, Kentucky: Golden Rule Publishing Co., 1962) pp. 5-7.
27. Richard Gilliland, D.C., interview with author, 6 March 2008.
28. Clifford Price, D.C., interview with author, 6 March 2008.
29. Kenneth Kling, D.C., interview with author, 6 March 2008.
30. James Greenwald, D.C., interview with author, 6 March 2008.
31. Gene Rohloff, D.C., interview with author, 7 March 2008.
32. James Loftus, D.C., interview with author, 11 March 2008.
33. James Darrow, D.C., interview with author, 6 March 2008.
34. Curt Gonstead, D.C., interview with author, 10 October 2005.
35. Marvin Klaes, D.C., interviews with author, 11 April 2005 and 30 November 2005.
36. Lee Vogel, interview with author, 15 April 2007.
37. Alex Cox, D.C., interviews with author, 1 April 2005 and 7 April 2005.
38. John Rosser, D.C., interview with author, 7 May 2005.
39. Harvey Storm, D.C., interview with author, 15 March 2005.
40. Cox, interview (n.37)
41. B.J. Palmer, D.C., *The Subluxation Specific—The Adjustment Specific* (Davenport: Palmer School of Chiropractic, 1934).
42. Herbert M. Himes, "Green Light" speech to student body at Palmer Chiropractic College, 4 January 1956, from personal collection of Victor Strang.
43. _____, "Green Light," (n.42).
44. Wayne Zemelka, D.C., interview with author, 25 January 2006.
45. Jerry McAndrews, D.C., interview with author, 1 February 2006.
46. Alan Zelm, D.C., interview with author, 19 January 2006.
47. Palmer, *Three Generations* (n.5), pp.38, 51-52.
48. McAndrews, interview (n.45).
49. Keating, *Toward A Philosophy* (n.4) p.66.
50. McAndrews, interview (n.45).
51. _____, interview (n.45).
52. Richard Burns, D.C., Meeting of the Minds II, Gonstead Gathering, Palmer College of Chiropractic, Florida campus, October 2005 and interview 4 April 2006.

53. Probate Court Records, Madison, Wisconsin; Gonstead Estate and Will; M&I Bank Trust Records, Madison, Wisconsin, courtesy Diane Cody.

54. Richard Cranwell, D.C., interview with author, 22 February 2005.

55. Jeanne Taylor, interview with Richard Cranwell, M.S., D.C., D.A.B.C.N., in *The Scope – News and Information from the GCSS*, February 2008.

56. Gary Pennebaker, D.C., interviews with author, 13 February 2008 and 29 February 2008.

57. Author's personal experience while student at Northwestern College of Chiropractic, 1998-2001.

58. 2008 Gonstead Clinical Studies Society Membership Directory: www.gonstead.com

59. Claudia Anrig, D.C., email to author, 20 February 2008.

60. Steven Tanaka, D.C., email to author, 14 February 2008.

61. Richard Burns, D.C., email to author, 15 February 2008.

62. Kirk Eriksen, D.C., "The Development and Protocol of the Grostic/Orthospinology Procedure," *Today's Chiropractic*, January/February 2002.

63. www.aucco.org/history.html

64. Palmer, *Three Generations* (n.5) p.55.

65. Steven Martin, "The Only Truly Scientific Method of Healing: Chiropractic and American Science, 1895-1990," *ISIS*, June 1994: pp.207-227.

**Table 1: Overview Gonstead Technique Instruction at PCC Davenport Campus
(Collaboration of Amman and Burns, 2008).**

	Instructor	Class Orientation	Number of Classes
1961-1963	Jerry McAndrew	Gonstead Concepts	1
1963-1967	Doug Cox	X-ray analysis, Gonstead Concepts	1 to 3
1965-1971	Jim Stoenner	X-ray analysis, Gonstead concepts	3-4
1967-1972	Larry Troxell	X-ray analysis, Gonstead concepts	3-4
1973-1977	Homer Adams	Gonstead analysis and adjusting	3-4
1973-present	J. Richard Burns	Gonstead analysis and adjusting	5
1974-present	Michael Bovee	Co-instructor	
1974-2007	Don Specht	Co-instructor	
1972-present	Marjorie Johnson	Co-instructor	
1991-present	Pam Gindl	Co-Instructor	
1991-present	Joe Peterson	Co-instructor	
1989-1994	James Morley	Co-instructor	
1994-2005	Don Gran	Co-instructor	
2005-present	Roger Hynes	Co-instructor	

Table 2: Adoption of Gonstead Technique in Various College Curricula.

Palmer College of Chiropractic -Davenport	1961
Canadian Memorial (CMCC)	1971
Logan College of Chiropractic	1980
Northwestern (NWCC)	1980
Life College of Chiropractic –Atlanta	1994

Table 3: Gonstead Clinic of Chiropractic Doctors (While under ownership of CSG or Cox).

Doctor	Year	Destination
Lyle Stewart	1948-1948	Middleton, WI
Alex Cox	1964-retired	
Doug Cox	1967-present	
Albert Grove	1963-1966	Mount Horeb, WI
Gaylord Culp	1964-1966	Lake Geneva, WI
Sandra Chilson	1964-retired	
Lester Cheal	1965-1966	Leitchfield, KY
John Rosser	1966-1969	Elgin, IL
Gary Hooks	1966-1970	Sauk Prairie, WI
Harvey Storm	1968-1970	Madison, WI
Ray Clinton	1971-present	
James Stoenner	1975-present	
William Droessler	1977-1979	Madison, WI

**Table 4: TECHNIQUE DEPARTMENT COURSES PCC 2008 DAVENPORT CAMPUS
(Collaboration of Amman and Burns, February 2008).**

Trimester	Class Name	Orientation	Instructors
T3	Palpation	Static & Motion	Herrity
T4	Instrumentation	Nervoscope & Tytron	Wild
T4	Palmer Upper Cervical Specific	HIO, Grostic	Strazewski, Bhogal
T5	Cervical Technique	Gonstead analytics, Gonstead x-ray analysis Gonstead & Diversified Adj	Johnson, Gindl
T5	Biomechanics	Mathematical Models	DeVocht
T6	Thoracolumbar Technique	Gonstead analytics Gonstead x-ray analysis Gonstead & Diversified Adj Hylo & Knee-Chest table work	Bovee, Lipes
T6	Pelvic Technique	Gonstead analytics Diversified & Thompson analytics Gonstead, Diversified, & Thompson Adj	Peterson, Pettersson
T7	Technique Principles & Practice	Palmer Package Overview	Burns, Hynes
T7	Extremity Adjusting	Gonstead analytics & Adj	Sorgenfrey, Paustian, Gindl

Table 5: Fragmentation of GCT Instruction.

1960s	Gonstead Seminars	Clarence Gonstead
1970s	Gonstead Seminars Gonstead Advanced Technique (GAT)	Clarence Gonstead, Alex & Doug Cox Clarence Gonstead, Larry Troxell, others
1980s	Gonstead Seminars Gonstead Methodology Institute (GMI)	Alex & Doug Cox Larry Troxell
2000s	Gonstead Seminars GMI Thorton Seminars From Start to Freedom	John Cox (Alex's son) Larry Troxell Richard Thorton Jose Lara, James Warlick, Mike Rozenblum
2008	Gonstead Seminars GMI Thorton Seminars	John Cox David Geary Richard Thornton

Copyright of Chiropractic History is the property of Association for the History of Chiropractic and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.