

## **Treating the Troops**

In a time of war, chiropractors help keep U.S. military forces ready for action.

*By Rebecca Jones*

U.S. Air Force Master Sgt. Keith McCullough acknowledges that it wasn't fighting insurgents or patrolling mine-infested Iraqi roadways that led to his physical debility last summer. It was, in fact, training for a marathon that did it.

"I was in Iraq from May to September, and the roads there just aren't the smoothest in the world," says McCullough, who is now in his third deployment to Iraq and his 12th Middle Eastern deployment in his 18 1/2-year military enlistment. "My right hip was out of alignment, which caused my left hamstring to lock up."

Once he returned to his stateside post, Eglin Air Force Base in Florida, he went to see his primary care physician, who referred him to Rhonda McKinney, DC, one of two chiropractors assigned to the 16,000-troop base. With Dr. McKinney's treatments and ongoing therapy, McCullough not only eliminated his pain, he successfully ran that marathon. And it has allowed him to continue his physically demanding work in aircraft maintenance.

"It was difficult, because my job is working on aircraft on the flight line," he says. "It was hard to walk around, to bend down, to get up. It was a challenge. I could feel there was something wrong, and it was taking a toll on me. It was at the point where if it had gotten any worse, I would have had to change jobs, and I enjoy my job very much. "Now, whenever I'm in from the desert, I go to see Dr. McKinney," he says. "My overall health and my ability to do my job have definitely improved since I've been under [her] care."

## **Meeting a Military Need**

McCullough is by no means alone in reporting musculoskeletal problems among American troops deployed to Iraq and Afghanistan. In fact, a study published in the October 2005 issue of the journal *Anesthesia and Analgesia* found that more than half of U.S. soldiers medically evacuated from Iraq and treated at military pain treatment centers weren't suffering from battle wounds—but from bad backs.

Once upon a time, military doctors treated a malady they called "rucksack palsy," caused by carrying heavy backpacks for many miles. Today's soldiers still must carry heavy loads, including 30 pounds or more of body armor. Combine that with long deployments in challenging terrain, sitting in uncomfortable positions while riding in long convoys, sleeping on notoriously ill-supporting Army cots and facing the day-to-day stress of living in a war zone, and you've got the makings for a musculoskeletal nightmare.

And chiropractors—who have been treating U.S. military in ever-increasing numbers since 1995—continue to prove themselves to be a valuable part of the military healthcare system.

"Everything connected with the military is functional, but very little is ergonomically correct, whether it is getting into and out of a sailor's bunk, lifting heavy ordinance onto the bomb racks of a wing, or pushing aircraft around on a flight deck," says Donald Baldwin, DC, a civilian chiropractor who provides care at the Jacksonville Naval Air Station, and is one of the Navy's longest-serving contract chiropractors.

"Intense and constant vibration combined with poorly designed seats affect the low backs of helicopter pilots and air crews," he says. "The G-forces experienced by the jet pilots on a daily basis compress the spinal disks, and many complain of severe headaches and back pain."

"In this day of increased numbers of operations, longer sea duties and fewer personnel available, there is no doubt in our minds that the need for chiropractic care being readily available is very real," Dr. Baldwin continues. "It has been said that chiropractic care for our military is the 'unseen force multiplier,' allowing maximum use of an ever-shrinking number of available personnel."

### **Saving Backs, and Careers**

Stephen Capps, DC, who serves Army troops at Fort Campbell, Ky., says he's seen many soldiers whose military careers would have ended prematurely if not for the care chiropractors were able to provide.

"In general, there are many soldiers who have responded favorably to chiropractic care who would not have been able to complete their tour of duty because of the issues they were having with neck or back pain," said Dr. Capps, a retired command sergeant major who spent 24 years in the National Guard and Army Reserves. He has provided chiropractic care as a contractor for Army troops since 1995.

Before his retirement from active military duty, Dr. Capps once provided emergency chiropractic treatment under battlefield conditions. It was during Operation Desert Storm in 1991, and Dr. Capps had deployed to the Middle East with an Army Reserve unit.

"There was a supply sergeant doing some heavy lifting, loading some ammunition onto some vehicles, and the soldier was down with severe back pain and couldn't get up," Dr. Capps recalls. "I went over under blackout conditions about a mile; it was on the border between Saudi Arabia and Iraq. I was able to work on this individual using a red-lens flashlight, get him up and move him to a secure area. I radioed the next day to see if they'd gotten him medevac'ed out, and they said 'no,' he was up walking around, working and doing just fine. So is there a place for a chiropractor in the forward-deployed units? Yes. You won't get chiropractors making house calls in the night under normal routine situations, but there are chiropractors who have been deployed with various units." "Most chiropractic care isn't provided under such dramatic conditions, but the results can nevertheless be just as life-changing.

"There will be a knock on my office door; it will open, and there will be a flight surgeon or medical officer entering with his patient and sometimes carrying X-rays," says Dr. Baldwin, describing the way in which many of his patients arrive. "He or she will say something like, 'Doc, I checked your schedule; you are full, but I have done all I can with this patient but have made no progress. He will either be battle-fit and ready for deployment in a very short time, or he will face a medical board and be discharged. You are our last hope. Do your magic, and fix him.'"

### **And what does Dr. Baldwin do?**

"I do what I was taught to do," he says. "I do what every chiropractor does many times every day. I take care of the body presented to me. I consult, examine and adjust. Most of the time, they look puzzled, take a few tentative steps, make a few testing movements, and then come the grins. No, most are not healed magically on the spot, but they feel better and know that for the first time, someone knows what's wrong and how to help them."

### **Adjustments Continue**

While chiropractic care is not readily available to all members of the military, the Department of Defense has contracted with civilian chiropractors to make such care available at 60 bases currently. That's up from just 10 bases in the mid 1990s, when ACA-backed language in the National Defense Authorization Act of 1995 directed the Pentagon to launch a pilot program to evaluate the feasibility and cost-effectiveness of offering chiropractic care.

Acceptance by the military medical establishment has been spotty at times, but chiropractors say the troops themselves have been quick to embrace chiropractic.

"We still have some resistance in some areas, but never from the troops. The troops are unbelievable," says Dr. McKinney, McCullough's care provider at Eglin Air Force Base. Dr. McKinney, a retired Air Force lieutenant colonel, has practiced at Eglin since 2003. "We can hardly meet the demands," she continues. "We just take good care of our patients, get them better, and that speaks for itself. We've never had to go out and look for business. There's always somebody waiting to get in here." Dr. McKinney says the types of problems she sees depend, of course, on what types of work the patients are engaged in, but that psoas spasm leading to lower back pain is the main complaint she treats, followed by cervical dysfunction with associated headaches.

"They do listen to me," she says of her patients. "If they do their stretches and conditioning, keep their core stabilized, they'll do really well. But then they have to wear all this gear, and they're on rough terrain in these Humvees. What happens to their spines, their hips and their lower extremities all depends on what their function is in their area of operations. Are they wearing their helmets all the time or not? Or are they in the medical corps, leaning forward hunched over a microscope all the time?" Since Eglin is the home of Phase III for Army

Ranger training, Dr. McKinney sees lots of Ranger patients in addition to Air Force personnel.

"By Phase III, they're very beat up because they just got out of mountain training," she says. "By the time they get to us, they're elevated in their conditioning and in their injury state. We really want to help them get through the rest of their training at this point." She says she can teach even an Army Ranger a thing or two about good exercise form. "I can retrain them to do the same exercises they're used to doing, but in a different manner so they don't put so much strain on their psoas muscle," she explains.

Dr. McKinney calls her clinic office her "second church" because she approaches her treatment of the troops as an almost sacred calling.

"There is absolutely nothing I would rather be doing in this entire world," she says. "I retired from the Reserves so I could dedicate more time just to this, serving in this capacity and doing what I do to relieve any kind of discomfort, helping the troops to put their best foot forward, to prepare them to do their best to serve their country. And I've never seen young men and women so proud to be serving their country, so full of esprit de corps. The American spirit is there."

And despite spending years as a "blood and guts" Air Force nurse who has seen much human suffering, Dr. McKinney still gets emotional when she thinks of some of her patients. "Yesterday, I had a patient who was in so much pain," she recalls. "She'd had a fall and nobody could help her. The only thing that could help was what I was doing to relieve some of the spasms. I'm a real softie inside, and some days it gets to me." Dr. McKinney admits she was especially moved by the first female patient she saw who lost a limb in battle. "I was used to seeing men losing an arm or a leg in war, but I was not used to seeing our female troops losing arms and legs to IEDs," she says. "That was tough."

Dr. Baldwin echoes Dr. McKinney's admiration for his patients, and how it drives him professionally. "There is not enough that can be done for these fine young and not-so-young people," he says. "They are not in the military for the pay or even the benefits. They have volunteered for this life because they care about their country, and they care about you and me. They deserve the best that we can give them."