

An Interview with Dr Gary Jacob

By: **Matthew Bulman**

How did you become interested in Chiropractic?

When I was in grade 2 I was sitting in the park on the ground when a friend jumped on my head and wrenched it to the right. In retrospect I suspect he ruptured the disc in my neck and I had to walk around my rough neighbourhood with my ear on my shoulder. I was assessed by a paediatrician whose advice was a topical heat cream. As I grew up I had chronic left sided neck complaints. My mother encouraged me to see a chiropractor. I recall his smooth manner and the examination which consisted of examining every dermatome from C2 to S2! I had an immediate and profound response to the chiropractic manipulations. I couldn't believe that there was this "hidden reflex" within my body which could be precipitated by such movements. Unfortunately the treatment while effective did not last for more than a few days. Nonetheless my interest had become piqued.

I see from your CV that you have a BA in the philosophy of science prior to your health degrees (Dr. of Chiropractic, Dr. of Oriental Medicine, Master of Public Health, McKenzie Institute diploma). How did your early education influence your choice to then go into healthcare? Why Chiropractic/Oriental Medicine over Allopathic Medicine?

For my personal condition allopathic medicine had failed me. It failed to appreciate a mechanical solution for my situation. As a result of that failure some of the allopaths suggested that because they could not perceive the problem on a physical basis it must therefore be a mental problem. This was the classic mind dualistic reductionist trap. My undergraduate work in philosophy, and philosophy of science in particular, informed my contemplations about healthcare theories and approaches both allopathic and non-allopathic. This made me susceptible to study more than one alternative healthcare system. I went from sleeping in the back of a chiropractic classroom to sleeping in the back of acupuncturist classroom within

two months. The result was that my advocacy for either system was someone attenuated. After seeing Star Wars I did not know whether to relate The Force to Innate Intelligence or Chi. I returned to a somewhat more allopathic path when I pursued a Masters in Public Health at UCLA in Community Health Education and Promotion. That pursuit was the result of my realisation that positive influences on the sufferer's knowledge, attitudes, beliefs and skills was more important than anything I could do to them. That approach being the centrepiece of care is not traditionally found within allopathic or non-allopathic approaches to musculoskeletal pain and may be considered a third realm.

You seem to have a diverse CV. You have invented products (manual mitt, AT Bar, Posture Police low back support belt), made educational videos, served on boards, been in private practice, academia. What fuels your passion for the profession?

I have a passion for ideas, the careful use of language, contemplating similarities between things that are different and the differences between things that are similar. The alternative medicine field provides an abundance of opportunity to exercise those passions because it is relatively new and so much in need of conceptual development - so much wheat must be separated from the chaff. My ultimate passion is to stimulate critical thinking in healthcare professionals so that they may better educate those whose care they are entrusted with. There is a lot of sloppy thinking in physical medicine with false assumptions, castles made of sand and outright magical thinking. To paraphrase Osler, "tinsel erudition" and "imbecile credulity" abounds, even in those who purport to be evidenced based. It has all gotten very complicated. If certain basic principles are followed things would be simpler and the public's health could simply be better served.



Which healthcare practitioners would you like to spend the day with discussing ideas or learning from and why?

I have had the good fortune, being on the lecture circuit, to have met my heroes and to spend days with them and to have them befriend me. I have had the great pleasure of debating them all.

Most of all it was Robert McKenzie who liberated me from the bondage of hubristic magical thinking and in the end made me better appreciate the concept of the subluxation in a manner that I realised years later to be surprisingly consistent with theories of DD.

Mark Laslett is a brilliant critical thinker who has done excellent work on correlating the derangement with discogenic complaints and the clinical profile of sacroiliac and facet pain.

In the chiropractic world I have also been fortunate enough to spend time with Scott Haldeman, David Chapman Smith (okay,

he is an attorney and not a DC) and remain in frequent communication with Gary Ierna, Donald Murphy, Michael Schneider, Craig Liebenson, Michael Hubka, Steven Heffner and many other masters of clinical reasoning.

What 3 pieces of advice would you provide to pre-clinic chiropractic students?

1. Learn how to manipulate every joint every way you can.
2. Learn as much physiology as you can about exercise, nutrition and pain.
3. Study psychosocial principles including communication skills, motivational enhancement and the principles of the sociology of medicine.

What 3 pieces of advice would you provide to chiropractic interns and new doctors?

1. Take at least Part A McKenzie Course.
2. Read Motivational Interviewing by Rollnick and Miller.
3. Remedy any deficits regarding the three things recommended to pre-clinic chiropractic students.

What's the best clinical advice you've ever received?

In my first year of school an old timer/instructor advised me that the principle to treating patients was to "Hit them in the arse with a shovel." I assumed he was talking about the flat side of the shovel. I had entered school with dreams of being an HIO wizard and was appalled by his vague generalisation of non-specific mechanical therapies. I did not perceive the true meaning of what he had told me. It was not until many, many years later and the loss of many, many scalp hairs that I realised the true meaning of what he had said. He was talking about motivating patients, having them move on, not having them dwell on dire pathoanatomical determinations, not catastrophising. I had finally got it.

What's the worst clinical advice you've ever received?

That the patient's subjective experience is epiphenomenal.

Do you have any hobbies?

Aikido (sword and open hand), an Ibanez 6 string bass and a mahogany Martin 000-15

guitar. Loving and taking care of my wife and children, and a new hobby in November when my grandchild Jessica will be born.

What do you see as the strengths of the chiropractic clinical community?

I perceive the strength and hope of the chiropractic profession to be rational practitioners, the research-practitioner and cross-training in such fields as public health, epidemiology et cetera.

Top 5 chiropractic moments in your career?

1. Receiving my first chiropractic adjustment.
2. Receiving my first HIO adjustment.
3. Being the first chiropractor and 12th individual to receive the Diploma in Mechanical Diagnosis and Therapy from the McKenzie Institute International.
4. My personal relationship with Robin McKenzie.
5. The miracle that others invite me great distances to speak my mind.

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