LETTER TO THE EDITOR

Breech Repositioning Unresponsive to Webster Technique: Further Clarification on the Clinical Intent and Effectiveness of the Technique

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Editor’s Note:

The following Letter to the Editor was originally submitted by Alcantara & Ohm to the Journal of Chiropractic Medicine (JCM) in order to correct errors made by the author of the following paper:


The authors’ errors were also not caught by the Journal of Chiropractic Medicine’s peer review or editorial process. Considering the seriousness of the clinical and legal issues involved, Alcantara & Ohm, who are recognized experts in Webster’s Technique, wrote a Letter to the Editor of JCM - Claire Johnson - in an effort to correct the errors in the published paper.

Dr. Johnson refused to publish their letter.

In the interest of scientific interest and integrity we have agreed to publish Alcantara & Ohm’s Letter to the Editor.

In a recent publication of the Journal of Chiropractic Medicine, Dr. Christopher Roecker from Palmer College of Chiropractic described the case report of a 23-year-old primigravida patient that was unresponsive to the use of the Webster Technique.¹ We concur with Dr. Roecker’s clinical pearl that chiropractors using the Webster Technique should be mindful that persistent breech presentation may be associated with an increased probability of an undiagnosed comorbidity and embrace co-management.

We wish to address comments made by Dr Roecker with respect to the intent and use of the Webster Technique and as stated by him, the failure to identify any studies evaluating the efficacy of this technique. Despite the historical reference to the use of the Webster Technique as a “breech turning technique”, the International Chiropractic Pediatric Association teaches that the technique is not a “breech turning technique but rather is, “a specific chiropractic analysis and adjustment to establish neuro-biomechanical balance and function in the pelvis via the correction of sacral subluxation.”² To state the intent and purpose of the technique otherwise (i.e., “breech turning”) may place the practitioner at risk of practicing obstetrics and possibly compromise their scope of practice coverage. Consider a speech by Lou Sportelli, DC President of NCMIC Group, Inc to the Federation of Chiropractic Licensing Boards in 2012.³ Dr Sportelli raised the issue by making the following comments on the use of the Webster Technique:

“Let me state the position of NCMIC, as we clearly tell the doctors who continue to call us on a regular basis after every one of these seminars. If it, in this case, the Webster Technique is ruled by the examining board or a court or another entity with authority to be within the scope of practice and not considered obstetrics, it’s covered. If it’s ruled by the examining board or a court or another entity with authority not to be in the scope of practice it is not covered as our policy excludes activity not within the scope of practice. If it’s ruled by an examining board or a court or another entity with authority to be within the scope but is determined to be obstetrics, our policy excludes obstetrics and none of those

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determinations, ladies and gentleman, are made by us and they will be different depending on the specific state, the courts, the jurisdictions and the interpretations by those who have authority to make that determination...."

Those unfamiliar with the technique may continue to misinterpret the Webster Technique as “breech turning” given the fetus’ propensity for auto-correction with respect to malposition or malpresentation. However, in the context of the framework and intent of the technique as envisioned by Larry Webster, DC (1937-1997), providing a more optimum ecology for the fetus within the pelvic bowl by addressing pelvic subluxations may result in the observed salutary effect of the technique. In addition, we remind the readers of this journal that the Webster Technique is applicable to all weight-bearing individuals, regardless of pregnancy status.

Alcantara and colleagues examined the use of the Webster Technique in the non-pregnant population within a practice-based research network. Using the National Institute of Health’s Patient Reported Outcome Measurement Information System (PROMIS®) that measures health-related quality of life as a primary outcome, the investigators found that chiropractic care improved the quality of life of patients in the domains of anxiety, depression, fatigue, pain interference, physical functioning, sleep disturbance satisfaction and participation in social roles.

With respect to the effectiveness of the technique, a review of the literature on the part of Dr Roecker would have identified the study by Alcantara and colleagues. These investigators found that, at face value, 70% of 63 abnormal fetal position pregnancies turned to the vertex position. However, Alcantara et al. cautioned on the interpretation of their findings since a number of the subjects were receiving other forms of care that confound the results for a true measure of success. Such is the reality of practice-based research with patients utilizing a number of care approaches, known and unknown to the attending caregiver.

References


5. Patient-reported outcomes measurement information system (PROMIS®). Accessed February 1, 2010 at: http://www.nihpromis.org/default#4