

McDonaldization of Healthcare: The Downfall of Chiropractic Care with the Rise in Franchising

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Abstract

The franchising of conservative healthcare, specifically chiropractic care, is a modern example of the McDonaldization of healthcare. It results in diminished outcomes for both patients and chiropractors. In this paper, we will outline the biggest chiropractic franchise, The Joint, discussing their practices and operating procedures. We describe how their affordability model can only survive with high patient volume, mimicking a fast-food service treatment.

1. Introduction

The franchising of conservative healthcare, specifically chiropractic care, is a modern example of the McDonaldization of healthcare. It results in diminished outcomes for both patients and chiropractors. In this paper, we will outline the biggest chiropractic franchise, The Joint, discussing their practices and operating procedures. We describe how their affordability model can only survive with high patient volume, mimicking a fast-food service treatment.

Franchising allows an individual with little to no experience to own and operate franchised chiropractic practices, such as those within The Joint. In fact, such owners don't even have to be in the chiropractic profession to own and operate a practice under The Joint. Owners outside the chiropractic profession will tend to rely on a standard universal model for operating The Joint chiropractic practices, a model that was re-founded and franchised by a non-Chiropractor. When combined with a business model that relies on high patient volume, the result is a system that diminishes patient outcomes while overworking and undercompensating chiropractors.

In this paper we provide an overview of chiropractic care and its categorization as both conservative healthcare and Complementary and Alternative Medicine (CAM), review how franchising works, describe how The Joint is organized as franchised chiropractic care, discuss The Joint's strengths and weaknesses, identify and enumerate the problems associated with The Joint's model, present our proposal for a better chiropractic practice operating model, and recommend research activities to improve the state of the practice.

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1.1 Complementary and Alternative Medicine (CAM) and its Benefits

Conservative treatments are designed to prevent a patient's condition from worsening, anticipating that either the body will heal naturally or that the disease will progress slowly enough that drastic treatment will not be warranted (Oxford Reference, 2023). Conservative health care is generally aimed at treating patients while avoiding unnecessary use of surgeries or medications. The focus is on identification and treatment of root causes rather than on masking symptoms.

Chiropractic care is an example of conservative healthcare, and it is also considered to be within CAM. CAM refers to a variety of health care systems, practices, and products not currently categorized as conventional medicine, also referred to as traditional western (allopathic) medicine. The list of CAM practices changes over time as practices that are shown to be safe and effective may be recategorized as "mainstream" healthcare practices. Chiropractic care falls into one of the five major domains of CAM, "manipulative and body-based methods" (Tabish, 2008).

CAM often refers to either therapies that complement conventional medicine, or alternative therapies used instead of conventional medicine. The combination of complementary methods and conventional methods is referred to as integrative medicine. Both complementary medicine and alternative medicine tend to focus on holistic care, in which a human being is treated as a whole person. Evidence-based medicine (EBM) uses the scientific method to identify treatments whose results are repeatable and whose efficacy is supported by data. Advocates of alternative medicine may acknowledge that the placebo effect might factor into the benefits some patients experience from alternative therapies, while maintaining that the presence of placebo effects wouldn't reduce the validity of alternative therapies. That view is concerning to those who judge treatments using the scientific method because it doesn't address the fact that alternative treatments may be ineffective (Tabish, 2008).

One objection to conservative treatment methods raised by some clinicians is that they simply do not have enough time available to spend on patients for discussion, detailed exploration of symptoms, and comprehensive follow-up. However, spending sufficient time on a patient's case is important for avoiding under- and over-diagnosis. Proper diagnosis is a key element in being able to identify when conservative methods can treat patients successfully or when more radical methods are warranted. Thus, implementing effective conservative care requires making enough time to spend on patient interactions and consideration of available information before rendering diagnoses. Some strategies for achieving this include streamlining other aspects of clinical operations, such as optimal use of clinic staff members, improved electronic health records and follow-up systems, and creating a supportive environment for patients characterized by watchful waiting (Schiff et al., 2018).

1.2 Overview and History of Chiropractic Care

The chiropractic field was founded by D. D. Palmer in 1897.³ Palmer believed that the vast majority of all disease is caused by "subluxations," which occur when one or more bones of the spine move out of

³ Sosnoski, D. (2018). Where are the chiropractic colleges now, and where are they going?, <https://www.chiroeco.com/future-dc-chiropractic-colleges/>, accessed 2023-04-07.

position and apply pressure to the spinal nerves, causing various diseases by interfering with nerve signals between the brain and the body. The Joint thrives on this subluxation model.

Palmer considered chiropractic to be a religion of sorts and believed himself to be the “fountain head” of the religion. Meanwhile, he was convicted and jailed for practicing medicine without a license, and local news publications characterized him as a “quack.” Contemporary skeptics of chiropractic often say there is a lack of evidence to support subluxation theory and the efficacy of spinal manipulation in treating diseases and conditions. Research into evidence for the validity of subluxation theory in recent decades has made significant progress (Nansel et al., 1989) and more such research should be conducted.

Other criticisms include concerns that people could actually be harmed by spinal manipulations, or that chiropractors adhering to the subluxation model might also promote anti-scientific beliefs, such as the disproven idea that vaccines cause autism. However, the chiropractic profession has come a long way despite such concerns and chiropractic schools have made significant strides in becoming credentialed and accepted into the mainstream.

The Palmer School of Chiropractor was opened by Palmer himself in 1897 in Davenport. Today, there are three Palmer schools in the U.S., located in Davenport, Iowa; San Jose, California; and Port Orange, Florida. While Palmer may have been considered a quack despite his innovative ideas, modern chiropractic schools are far more complex and are governed by accreditation, placing them on par with other types of medical schools. At the time of this writing there are close to 200 medical doctor schools in the U.S., but only about 20 chiropractic schools.⁴ The creation of additional chiropractic schools in the U.S. would enhance the profession and improve chiropractic education.

Today’s chiropractic schools are very much the same as other professional schools and involve similar challenges. As medical schools, nearly all require students to have completed three to four years of undergraduate college, with at least half of it focused on life and physical sciences. A student who graduates with a doctorate in chiropractic possesses approximately the same knowledge as a medical doctor, with more specialized knowledge of anatomy, physiology, biochemistry, and radiology. Although broadly considered to be adjacent to mainstream medicine, chiropractors are the third largest group of medical practitioners, following doctors and dentists.

1.3 Overview of Franchising

Franchising is a business model in which a person who owns a business system (the franchisor) gives someone (the franchisee) the right to operate a business that sells a product or provides a service using the franchisor’s business system. This includes permission to use the franchisor’s branding, trademarks, and other identifying marks, and binds the franchisee to a partnership agreement with the franchisor for a defined time period.⁵

⁴ Parker University Shares Five Little Known Facts About Chiropractic School, <https://www.parker.edu/5-little-known-facts-about-chiropractic-schools/>, accessed 2023-04-07.

⁵ What is franchising? Find all you need to know here., <https://www.franchisedirect.com/what-is-franchising-definition/>, accessed 2023-04-09.

Franchising is generally believed to have begun with Issac Singer in the 1850s. Singer had invented a sewing machine but didn't have enough capital to manufacture his machine in large quantities, and he also realized that people needed to be taught how to use the machine before they would consider purchasing it. Singer then began selling the rights to sell his machines and to train the people who bought them. His business grew rapidly as a result. Decades later, during the 1950s, a successful businessman named Ray Kroc decided to create a franchised restaurant chain based on a California hamburger stand owned by two brothers. Kroc believed that customers should have an idea of what to expect anywhere in the world, and he aimed to achieve this through an assembly line-like concept for preparing food. With this, the fast-food industry was born with the creation of what is probably the most recognizable and well-known example of franchising, the McDonalds restaurant chain. Today, franchising has spread all over the world. It is seen frequently in retail and in the food industry, and is also found among many other types of businesses.

Franchising provides business operators with the model needed for success, but it doesn't guarantee success. The success or failure of any franchise location hinges on many of the same key factors that govern the success or failure of any business: sufficient startup funding, a well-conceived and tested business plan, recruitment of good employees, proper training, and more.

2. Overview of The Joint

In this section, we provide a brief overview of The Joint's history and its current status as a franchised chiropractic clinic.

2.1 Brief History of The Joint

The Joint was originally founded in 1999 by a Doctor of Chiropractic who aimed to promote the idea of routine chiropractic care by making it more convenient, friendly, and affordable. In March of 2010, The Joint was re-founded with the acquisition of the original eight franchised clinics. Since then, The Joint has spread across the U.S., now comprising more than 700 chiropractic clinics and performing more than four million spinal adjustments per year. The current CEO is Fred Gerretzen.⁶

2.2 The Joint: Franchised Chiropractic

As a chiropractic clinic franchise, The Joint intends to provide affordable chiropractic care to patients through membership plans and packages that preclude the need for insurance. The Joint also aims at making chiropractic care accessible for patients through a no-appointment policy and convenient hours and locations. The Joint designed its business model to be straightforward and easy to understand so that prospective owners with no experience in the chiropractic industry would be able to own and operate The Joint locations.⁷

⁶ Parth, P. (2023). The Joint Franchise Is Growing but Does It Make Money?, <https://www.vettedbiz.com/the-joint-franchise/>, accessed 2023-04-09.

⁷ Entrepreneur, The Joint Chiropractic, <https://www.entrepreneur.com/franchises/directory/joint-chiropractic-the/334001>, 2023-04-09.

3. Strengths and Weaknesses of The Joint's Franchised Chiropractic Model

In the following sections we list and discuss the various strengths and weaknesses of The Joint's franchised chiropractic model.

3.1 Strengths of The Joint's Model

Repetitive application of hands-on chiropractic skills in a high patient volume setting such as The Joint is useful for building and honing hands-on adjustment skills. This training effect is especially beneficial for students or recently graduated chiropractors. As such, the high patient volume model may be worth considering in instructional settings, but only under the careful supervision of a qualified instructor. However, it should be noted that a high volume model is not beneficial for the patients if very little time is spent on each patient and they don't receive sufficient attention or personalized care.

The idea of affordable care seems meritorious upon initial consideration, especially in lower income areas because it could make chiropractic care accessible to people who might not otherwise be able to access it. It also generally makes the chiropractic adjustments more appealing to people in higher income brackets simply by virtue of being less expensive than adjustments at private practices. While both of those benefits are real, we argue in the following sections that the negative consequences far outweigh the positives because the reality is far from the ideals for which the affordable care model claims to strive.

3.2 Weaknesses of The Joint's Model

Here we describe the various weaknesses of The Joint's model for conducting business and providing patient care, including some illustrative examples provided in online reviews by patients.

3.2.1 The Franchising Model is Inappropriate for Chiropractic Care

Franchising means that Joint locations can be owned and operated by individuals who have no experience or expertise in the chiropractic profession. Such owners are very likely to be focused on financial gain rather than positive patient outcomes. This produces chiropractic practices that prioritize quantity of patients over quality of care, which is an example of the McDonaldisation phenomenon (Dorsey & Ritzer, 2016).

Applying a franchising model like that used in McDonald's for chiropractic care is problematic, especially in the long term. Healthcare isn't cookie cutter and not everyone will react the same way to an adjustment. Furthermore, a narrow focus on high patient volume will overwork doctors. Dorsey and Ritzer (2016) observe that "In medicine, excessive reliance on McDonaldised systems replaces energy and empathy with fatigue and inertia in residents and causes burnout in physicians. For patients, McDonaldisation dehumanizes a very human relationship."

While perhaps originally well-intentioned, The Joint's model may not be understood by patients who are initially unaware of chiropractic. For example, during their initial visit a patient may assume a single adjustment is the solution to their problem, not realizing that they need to be put on a treatment plan

involving multiple visits in order to continue feeling better. The Joint's very low initial fee of \$29 is designed to be very appealing to patients, leading them to come in for an adjustment. But then after the initial adjustment, the doctor will attempt to convince the patient to sign up for a membership plan to receive continuous care.

Hughes et al. (2019) also explore the negative effects of McDonaldization on healthcare, describing McDonaldization as “the process in which principles which govern fast-food businesses, are applied to the practice of medicine. When left unchecked, the application of these principles can have devastating consequences, as in the treatment of chronic, non-malignant pain with OxyContin.” In the case of franchised chiropractic care such as that at The Joint, patients eventually become annoyed that their relief is short-lived and then quit seeking treatment. This is because they tire of the repeated cycle of: 1. receive a quick adjustment, 2. feel better for a day or two, 3. experience pain again due to repeated poor behaviors/postures, 4. return to 1. Patient education is an important element of improving this situation, but no time is made for patient education in The Joint's business model, which focuses on minimizing the amount of time spent on each patient in the interests of maximizing patient volume.

The following are online reviews posted by patients at The Joint locations in Maryland that illustrate some of the McDonaldization problems described above.

Chiropractic care is a super dangerous and I was quite disappointed with their microwave approach to care. They give you just enough of an adjustment for you to have temporary relief, however you are still vulnerable to injuries because you weren't fully adjusted. Save your money and seek a private practice and get your moneys worth.⁸

It's the fast food of chiro. If you're in pretty good health and don't need special attention just the quick adjustment, then it'll serve you just fine. It's cheap and fast and convenient. If you have underlying conditions and need closer attention, then this isn't likely the place for you.⁹

... don't waste your money or risk your body. There are many better chiros in Baltimore who will actually take care of you as a patient holistically instead of making you pop and getting you out of there asap. ... The system they have is looks at patient 2min, does standard adjustment for 5min, barely looks at chart and asks patient to come in 4-5 times a week. As someone who's had chiropractic appointments for back and hip pain related to sports for years it's the first time I saw this. The adjustment actually made my pain worst, because they were completely not suited for my specific issues. ... the doc who saw me said they suspected scoliosis (never had that in my life). I understandably was very worried as they said

⁸ Ifeanyi, T. Verified Reviews on The Joint Canton Crossing, Page 3 of reviews on <https://www.thejoint.com/maryland/baltimore/canton-crossing-07008>, accessed 2023-04-05.

⁹ Vargas, S. Review on Google Maps. <https://g.co/kgs/3LwXPZ>, accessed 2023-04-05.

I needed an xray. Got checked and I had nothing wrong in that area, my local physician was confused as to why they would say that.¹⁰

Scoliosis (and its degree) is diagnosed by imaging, so it is unclear how the chiropractor referenced in the review could have arrived at that conclusion in the first place. Orthopedic tests may indicate a condition but do not confirm a diagnosis nor determine the degree of scoliosis.

The philosophy is not to address the underlying process. Adjustments where painful and often times I wasn't even asked what the problem was. The worst part was one time the doc thought it was appropriate to hold my hand on top of my breast and adjust. I quickly canceled my membership after that. ... They have a scheme to keep you coming back. My problems went away while I went, but quickly came back after I stopped. Find a chiropractor that actually wants to find the problem and improve your quality of life.¹¹

Note that in the above review, the patient describes being touched inappropriately in addition to problems stemming from McDonaldization.

Maybe make it blatantly clear in your website and marketing comms this is just a leisure chiropractor. They will not see you if you have actual problems out of fear of liability.¹²

Former chiropractor. This place is all about business. I didn't feel that I could really help patients based on their one-dimensional view of care. Appointments are too short. Felt patients were being very misled regarding care and what adjustments could and couldn't treat. They want care to be based on what the patient wants regardless of whether or not they actually need XYZ adjusted.¹³

This place honestly is a waste of money. The customer service is bad and they open and close whenever- maintaining no reliable hours of operation. You don't get super strong service at The Joint as you would with a less factory-like chiropractor, so the thing they have going for them is reliability and convenience and they are NOT reliable which poses significant inconvenience. Don't waste your time.¹⁴

¹⁰ F. Review on Google Maps. <https://g.co/kgs/t9HHXY>, accessed 2023-04-05.

¹¹ Ferguson, A. Review on Google Maps. <https://g.co/kgs/Ly6H5G>, accessed 2023-04-05.

¹² Baker, N. Review on Google Maps. <https://g.co/kgs/4Zumj2>, accessed 2023-04-05.

¹³ "Scam operation."

<https://www.indeed.com/cmp/The-Joint-Chiropractic/reviews/scam-operation?id=30089cf8166437da>, accessed 2023-04-05.

¹⁴ Coach, C. Review on Google Maps. <https://goo.gl/maps/fXo5SnD9zojvFTw98>, accessed 2023-04-06.

3.2.2 The Affordable Adjustment Business Model Undervalues the Service

Affordable is generally interpreted as “cheap,” and that serves to cheapen the service, cheapen the experience, and give the public the false impression that chiropractic care can and should be implemented in a cookie-cutter “rack them and crack them” format. The phrase “you get what you pay for” is applicable to The Joint, which charges a fee of only \$29 for a patient’s initial visit. Meanwhile, the price for a new patient chiropractic visit typically ranges from \$60 to \$300 depending on the services involved (modalities, x-rays, etc.). The Joint only utilizes chiropractic adjustments and doesn’t employ other evidence-based techniques such as tools or other modalities to improve their diagnostic capabilities or decrease healing time for patients. The patients often feel better immediately after their brief chiropractic adjustments at The Joint but then feel pain again shortly thereafter.

Thus, The Joint’s low price undervalues the service for both the patient and the practitioner. The low prices mean that a high patient volume is required in order for The Joint’s business model to be financially viable. A high patient volume means that practitioners can only spend a short amount of time with each patient, increasing the likelihood of errors. It is therefore no wonder that patients at The Joint have to sign over 13 pages of liability paperwork.

The most expensive part of a The Joint location are the chiropractic doctors employed by the clinic. Owners therefore tend to hire less experienced recently graduated chiropractors in order to save money. Generally speaking, owners will cut costs anywhere they can in an attempt to save money without hindering the success of their clinic. While a cost-cutting mentality is certainly an important part of operating a profitable business, the doctors employed by the clinic are central to the performance of the clinic and should be treated as a highly valuable resource worth investing in. The Joint’s concept of selling franchised chiropractic care to the patients depends on having the right key players in each clinic. The Joint’s business model requires the wellness coordinator and doctor to work together in sync to sell plans and services to patients, so when either of them is inexperienced and/or insufficiently motivated it can hinder the clinic’s success.

Hiring inexperienced doctors to save on costs can also be dangerous to patients and thus pose liability risks. During the final year of chiropractic school, students are required to work at the school’s clinic and treat patients under the supervision of the doctors assigned to oversee each training module. Such supervision should be implemented at The Joint locations if they hire inexperienced doctors. That would ensure proper patient care and avoid misdiagnoses. Such supervision of inexperienced doctors is especially important when rapidly treating a high volume of patients, a situation that tends to lead to errors. An example of this is provided by the following online review, posted by a patient after visiting a The Joint location in Maryland that employs an inexperienced doctor.

After Going my neck started hurting more than usually. He made it worse, and also i know he damaged my leg. It never hurt but he still stretched if soo wrong that now every time i walk it hurts and it started right after i went there. NOT RECOMENDABLE***¹⁵

¹⁵ Ger, N. Review on Google Maps. <https://goo.gl/maps/YAKCz8GqHVV9xYdp8>, accessed 2023-05-15.

Supervision by an experienced doctor would help new doctors thrive and safely learn how to properly treat patients rather than learning on the job by themselves through making mistakes with patients.

Assuming proper supervision is included, having The Joint locations near chiropractic schools would provide newly graduated doctors with the opportunity to practice their skills extensively with a high volume of patients. As an example, the owners of The Joint at which the primary author previously worked originally owned The Joint locations in Atlanta, GA that were very successful. The reason for their success is that Life Chiropractic College is also located in Atlanta. The area was therefore so over-saturated with chiropractors that it was easy for The Joint to find doctors, and The Joint was a perfect opportunity for the college's recent graduates to practice their adjusting skills.

As a franchise, The Joint company makes most of the profit from the business. Neither the chiropractic doctors employed at The Joint locations nor the chiropractic profession as a whole benefit in proportion to the company's profits. The chiropractic doctors employed at The Joint locations are treated as being replaceable and have no job security. Doctors who are neither treated well nor compensated well tend to provide lower quality care to the patients. Furthermore, The Joint will continue to operate in the same manner regardless of how many times a clinic replaces its employees, perpetuating the cycle even though the model of affordable care through franchising does not guarantee success. This is an example of The Joint being McDonaldized healthcare. It can lead a clinic to put itself out of business through less expensive, less skilled doctors unmotivated by their lower pay and lack of job security providing lower quality care to patients, which results in lower and lower numbers of patients over time.

Additionally, the cost of chiropractic adjustments can and should vary according to the condition being treated by the adjustment, the provider, the treatment plan, and the geographic location. Chiropractic adjustment costs can vary between \$30 and \$300¹⁶, which is a very wide range that doesn't lend itself to standardization within an affordable care model. With such a wide variance in cost according to multiple irreducible factors, an attempt to set a universal low price cheapens the chiropractic experience and undervalues the service.

The Joint charges much less for treatment than a traditional chiropractor office. In the traditional model, when insurance is utilized by patients the copay cost for chiropractic treatment is usually about \$40 and the remainder is billed to the insurance company. Meanwhile, The Joint charges a standard initial consultation fee of \$29 regardless of geographical location. The wellness plans sold by the Joint include 4 visits per month and vary in cost by location. For example, Tennessee, Georgia, and North Carolina locations all charge \$79/month for wellness plans, which are all less than the \$89/month charged at Maryland locations due to the cost of living being higher in Maryland. However, even with Maryland's higher rate the cost per adjustment still comes to only \$22.25, which is well below what a traditional chiropractic practice would charge for an adjustment, and there are no administrative costs connected to the visit.

¹⁶ Pemberton, M. (2022). Your Guide to Chiropractic Adjustments: Costs, Benefits, and Risks. <https://www.forbes.com/health/body/chiropractic-adjustments-costs-and-benefits/>, accessed 2023-04-09.

Because The Joint charges so much less per treatment than a traditional chiropractic practice, it is necessary for The Joint's clinics to have a very high volume of patients in order to generate enough revenue to stay in business and be profitable. With the number of work hours in a day being limited, that necessitates spending much less time per patient.

It is also worth noting that the affordable care model can backfire when applied in the wrong locations. The primary author previously worked at a The Joint location in an affluent area and observed that the attempt to market the practice as affordable chiropractic care was not only unnecessary in an area with a mostly high income population, it was counterproductive. The people in that population don't need to save money when trying a chiropractic adjustment and so The Joint location there didn't attract very many patients. The owners of that The Joint location also owned a The Joint location in a lower income area, and that location attracted a much higher number of patients because the people in the lower income population were more interested in low priced affordable chiropractic care. The owners of those two locations didn't understand the dynamics of the situation and blamed the employees at The Joint in the higher income area for the low numbers of patients. That resulted in the employees blaming themselves and working harder than necessary in an attempt to please the owners, who themselves were not even chiropractors.

3.2.3 Performance Assessments By Franchise Owners With No Chiropractic Expertise or Experience

Doctors employed at The Joint receive performance assessments by the owners, even if the owners do not have expertise or experience in the chiropractic profession. In these performance assessments, the doctor is timed while performing adjustments on patients to ensure that the adjustments are completed in less than five minutes. This unnecessarily rushes the doctor, causing undue stress and diminishing the patient's outcome. These performance assessments don't have anything to do with the actual efficiency of the adjustments and give complete control of the chiropractic practice to owners who in many cases have no expertise in chiropractic and are simply following a franchise model.

Being graded on chiropractic treatment performance by someone without any professional chiropractic training or experience is degrading to chiropractic doctors. Furthermore, basing the grading on factors such as speed of adjustment, immediate responses and cues from the patient, and ability to "load tables" is inappropriate because none of those factors are relevant to quality of care and patient outcomes. Experienced chiropractors would be much better suited to grading the quality of chiropractic treatments and would be able to ensure that adjustments are performed properly without errors in technique that could cause harm to patients or practitioners.

3.2.4 Lack of Time Spent with Patients Often Leads to Mistakes

The lack of time spent with each patient in The Joint's model often leads to mistakes, including misdiagnoses, patient injuries, improper patient scheduling, and more. Such mistakes, principally caused by focusing on profit via the combination of inexpensive care and high patient volume, ultimately waste both the patient's time and the chiropractor's time, producing a negative experience for both parties.

Misdiagnosis is a frequent mistake because the lack of time spent with patients makes it very difficult to identify the root causes of their diseases.

Joint owners also have a concept called “loading tables” in which patients are forced to lay down on all the tables while the doctor rushes from table to table to adjust all the patients as rapidly as possible. Personal interaction with the patients is eliminated, and “loading tables” is an example of falsely portraying chiropractic care as a quick in and out service. Other more traditional clinics often don’t take The Joint’s rushed approach seriously. The primary author previously worked for The Joint and was once laughed at during an interview at another clinic when demonstrating The Joint’s fast-paced adjusting method and focusing on audible cracks.

The following is an online review posted by a patient at a The Joint location in Maryland that provides an example of an unduly rushed doctor providing improper treatment and causing further injury.

Then there are the broken ribs that I suffered during an adjustment! The provider did apologize about the error during the adjustment, knowing immediately that he had broken my ribs, as he basically did a chest compression on my ribs, causing unnecessary trauma. The writer never even followed up with a phone call or nothing, just a Informed me that it’s going to hurt and put some ice on it. As a result of this injury, it required multiple visits to my physician for care and taking 3 weeks to heal and very painful. The provider causing injury did finally follow up with a phone call only because I went to a different location and shared my experience.¹⁷

This shows that when a treatment is rushed it can easily lead to errors for even the most experienced practitioners. Also, due to the high volume of patients it is hard to keep track of a patient’s status and follow up with them appropriately. This is evidenced by the fact that the provider who caused the injury only followed up with the patient when they realized the patient had gone to another location and shared her story there.

Refused due to weight restriction after waiting a whole day and 9 finger numbing forms to fill out. After informed the table could not support my weight any regards of my pain in my back was back seated by the mentioning of “other” places I can try.¹⁸

They should have assessed the patient before starting the paperwork. Additionally, it is unclear whether they actually weighed him or assumed his weight was too high based on visual impression. Even if his weight truly exceeded the table’s rating (note that typical tables are rated to hold to 500 lbs), a skilled chiropractor should still be able to find ways to adjust the patient.

¹⁷ Rosenbalm, T. Verified Reviews on The Joint Canton Crossing, Page 3 of reviews on <https://www.thejoint.com/maryland/baltimore/canton-crossing-07008>, accessed 2023-04-05

¹⁸ M M. Review on Google Maps. <https://g.co/kgs/pZMTGS>, accessed 2023-04-05.

3.2.5 Doctors are Pressured to Pursue a High Volume of Patients and Sign Up Large Numbers of Patients for Treatment Plans

One of the consequences of The Joint's pursuit of affordability is that a high volume of patients is required in order to make the business sustainable and profitable. The Joint thus employs a business model that emphasizes signing up patients to be billed in an ongoing manner for a treatment plan, and so Joint owners place tremendous pressure on the doctors to persuade patients to sign up for treatment plans. Doctors are incentivized, in principle, to sign up the majority of their patients because they receive a financial bonus if their rate of patient sign ups (referred to as "conversions") is at least 50% during each two-week period. However, the financial bonus received is very small compared to the doctor's salary, and so it is not very incentivizing. The emphasis on conversions also detracts from the doctor's ability to focus on patient care. An additional problem is that The Joint's affordable prices actually tend to work against the doctor when attempting to sign up patients for plans due to the emergent phenomenon of walk-in patients, which are patients who have been to any Joint location previously but have not yet signed up for a plan.

As an example, if during a particular time frame there are 10 new patients, in order to achieve a 50% conversion rate the doctor must sign up at least 5 of those new patients for plans ($5 / 10 = 50\%$). However, suppose that during that time frame 2 walk-in patients come in and do not sign up for plans. That will drop the doctor's conversion rate below 50% ($5 / 12 = 42\%$). Signing up those walk-in patients would prevent the conversion rate from being reduced, but signing up walk-in patients is very unlikely because those patients tend to repeatedly pay the one-time visit fee because that fee is already much lower than the typical fee for a chiropractic office visit, and they are unlikely to pay more for a treatment plan even though technically the treatment plan would reduce their effective per-visit cost over time. Thus the affordable care model, while perhaps naively originally well-intentioned, ultimately works against the doctors employed by The Joint by making it more difficult for them to achieve high conversion rates. Nevertheless, Joint owners place continual pressure on doctors to sign up patients for plans.

Pursuing a high volume of patients is better accomplished with multiple doctors on less than full day schedules being on shift at The Joint and being open 7 days per week. With two doctors on shift, there is no need to close the clinic for a lunch break. Having only one doctor working for a full day at the clinic necessitates closing for a lunch break each day and makes it impractical for the clinic to be open 7 days per week. When owners of multiple The Joint locations have some locations use the multi-doctor approach and others use the single doctor approach, the multi-doctor locations will achieve higher patient numbers than the single doctor locations. Those owners will then often apply undue pressure to the single doctor locations to achieve similar numbers to the multi-doctor locations, which is unrealistic.

The following online review by a patient illustrates how The Joint's model can make doctors outright frantic about selling plans to patients.

He then rushes through an adjustment. After he was done he spent time telling me that he could sell me a package to cover monthly visits. I hold him that I typically just buy the bundle of visits. However, I just used my last one on this visit and I was planning to look into buying more later. He

responds OK. I ask him what his name was. He responds "Dr. Nichols". As I gather my things he starts talking to the other doctor about grabbing the next new patient as it was his turn. I leave and as I was reaching the end of the walk way he comes running out panicked asking me if I wanted to pay for the visit that I just had as if I was trying to "dine and dash" on an adjustment.¹⁹

3.2.6 Patient Treatment Plans are Implemented in Ways that Mislead and Trap Patients

When patients are signed up for treatment plans their credit card information is kept on file and it can often be difficult for them to have their plans canceled promptly when requested, resulting in unwanted charges. Furthermore, the charging policies are often not very transparent and not well explained to the patients, resulting in frustration. Examples of these problems can be found in the patient reviews for Joint locations shown below.

I've never been to a Chiropractor before and was told that my first appointment would take an hour. I was only seen by the doctor for maybe 5min, didn't do any assessment, just wanted me to get on the table. ... She tried to up sell me their packages that clearly state they expire in 12 months saying they never do, and told me the doctor said I should come back 6times. The doctor never said any of that to me, so I am pretty sure it was a scam to up sell me.²⁰

BEWARE!! This is nothing but a lavish looking scam! AFTER YOU PAY They'll tell you they recommend doing 2 months before canceling, AFTER YOU PAY. What they DON'T TELL YOU is that you'll be charged for 2 months anyway!!!²¹

This place is absolute trash. DO NOT GO HERE. Told me I had a sacroiliac joint issue while in reality it was a herniated disc. They do not allow you to cancel your membership over the phone and will keep charging you for months.²²

When I visited this location, I walked in and scanned my membership card and was told to go to the back for my adjustment. What felt like 2.5 seconds and I was leaving, after being adjusted. When I got in my car, I got a notification that my debit card had been charged, by the Joint, so I reached out and questioned why I was charged anything, since I pay a monthly membership fee and have since about 2016. I was told, "you had a balance" when I questioned further, how I could have a balance, it is a

¹⁹ Faison, C. Review on Google Maps. <https://g.co/kgs/Z52s8Y>, accessed 2023-04-05.

²⁰ McKinney, L. Review on Google Maps. <https://g.co/kgs/TVu7K2>, accessed 2023-04-05.

²¹ Matthews, A. Review on Google Maps. <https://g.co/kgs/Go5GAc>, accessed 2023-04-05.

²² Backhaus, G. Review on Google Maps. <https://goo.gl/maps/wLHtykAQ2Lk5shGs9>, accessed on 2023-04-06.

monthly membership fee taken out on a specific day each month and wasn't due to be charged today, the response was, "I don't know, but you had a balance, I will have my manager call you" ... I am still waiting on that call from the manager, the visit was a month ago.²³

3.2.7 Doctors are Told to Spend Time on Marketing

Marketing is very important for the profitability and sustainability of any business, including chiropractic practices. In The Joint's model, the doctors and wellness coordinators are told by the franchise location owners to do marketing, but no pay incentive is offered. This is inappropriate because doctors, in particular, have special expertise and their time should be focused on providing the patient care that only they can provide. In the case of a private practice, a doctor may indeed personally perform marketing tasks, especially in the early days while building their practice. However, in that case the doctor has a financial incentive to do the marketing work because they own the practice and will profit in direct proportion to the volume of business. As that private practice grows, however, it is likely that the doctor will expand their staff and eventually have other employees perform marketing tasks so that the doctor can focus on tasks that require their special expertise, such as patient care.

3.2.8 The Franchise Financial Model Does Not Benefit Patients or Doctors

The Joint's model seems to intend a sort of trickle-down effect whereby the owners are made more prosperous by the profits earned by their Joint location while the employees prosper from the owner's investment in the practice and get rewarded for securing ever higher numbers of subscribed patients. However, the actuality tends to be the opposite. The affordable care model tends to undercompensate the chiropractors, and the bonus structure does not scale well with the number of patients signed up for treatment plans. Additionally, the bonus structure is predicated solely on the rate at which the doctor persuades patients to purchase plans and does not take into account the quality of patient care provided by the doctor. Thus, doctors are incentivized to rush through patients as rapidly as possible and are not incentivized to provide high-quality patient care.

²³ N., C. Review on Google Maps. <https://goo.gl/maps/eEPuv276mCOL1jtH7>, accessed on 2023-04-06.

Trickle down effect

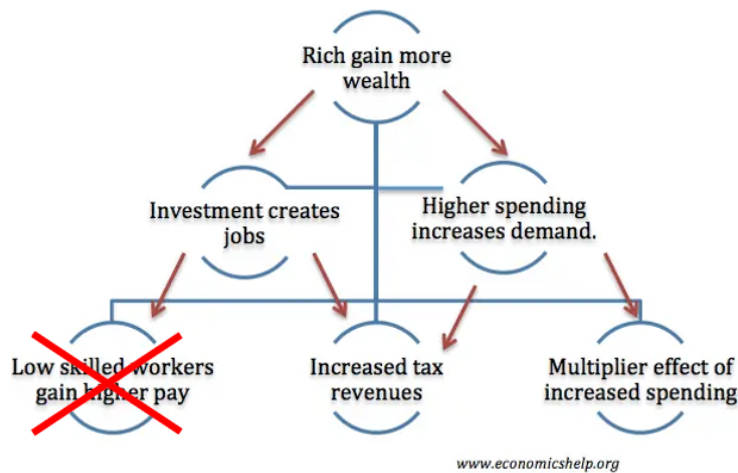


Figure 1. Schematic depicting the trickle down effect concept.²⁴ One of the key intended outcomes, low skilled workers gaining higher pay, is marked out with a red X because The Joint’s model fails to achieve that.

It is true that chiropractic care doesn’t have a straightforward business model. If that were the case then every chiropractic practice would be operated in mostly the same manner, and most chiropractors would probably have their own private practices. The desire to devise a straightforward business model for chiropractic is an understandable motivation for creating The Joint, but, as described in this paper, while the idea may seem appealing at first it fails to live up to its ideals.

Owners are incentivized to maximize patient volume in order to maximize financial gain. However, there is no requirement for owners to have any chiropractic experience or expertise and most of them do not. The owners are not incentivized to prioritize patient outcomes or the quality of patient care, but rather meet some very minimal basic standards. Thus, owners are not required to have any connection to what should be the primary product, which is quality chiropractic care for the patients. This results in The Joint locations being quantity over quality types of practices. Increases in profits coming from higher patient volumes go to the owners but not to the doctors who are doing the work to care for the patients and sell treatment plans to them. Moreover, the owners continually pressure the doctors to achieve unrealistic patient sign up rates and perform marketing duties not appropriate for doctors who do not own the practice, all without any meaningful extra pay incentives.

Although The Joint’s model could, in principle, provide owners with enough profits to open more and more franchise locations, even with such expansion the financial benefits still do not trickle down to the employees. That is because while the growth of each franchise location depends entirely on the efforts of the doctor and wellness coordinator employees, the pay bonus structure does not scale well with the number of patients signed up for treatment plans. Moreover, signing up patients for plans is very difficult because the doctor and wellness coordinator have to work in sync to sell treatment plans to patients at or

²⁴ Pettinger, T. Trickle down economics. <https://www.economicshelp.org/blog/174/economics/trickle-down-economics/>, accessed 2023-04-06.

above the target conversion rate of 50% (explained in section 3.2.5). A conversion rate of 50% means that at least half of patients must be persuaded to sign up for paid treatment plans. However, when walk-in visits only cost \$45, which is much less than a visit to a traditional private chiropractic practice, it is difficult to convince patients that they need to sign up for a treatment plan when they only visit the chiropractor sporadically.

The result is that if a patient at The Joint is not signed up for a wellness plan then it functionally punishes the employees involved. The Joint's affordable care model provides incentives for patients to decline signing up for wellness plans but at the same places pressure on employees to sign patients up for plans. The reliance on high patient volume and selling wellness plan subscriptions to patients ultimately both undercompensates and overworks the chiropractors.

3.2.9 Reliance on the Subluxation Model and the Lack of Subluxation Validity Testing

Subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health. In the subluxation model utilized at The Joint, chiropractors lack the time and equipment to properly assess for contraindications in a chiropractic adjustment. This means that patients with underlying conditions that could make an adjustment dangerous would still be adjusted, placing such patients at risk of harm.

If the Joint insists on relying on the subluxation model, they should equip their offices with tools to verify the subluxation model's validity. For example, in the Gonstead system instruments such as goniometers are used to determine a subluxation (Nansel et al., 1989). A goniometer is a device for measuring an angle or facilitating the rotation of an object to a particular orientation. Measuring joint ranges in each plane of the joint is referred to as "goniometry," from the Greek words *gonia* (angle) and *metron* (to measure). The first known usage of an early version of a modern goniometer was by Dutch physician and mathematician Gemma Frisius, for calculating and recording positions of celestial bodies relative to Earth (Gandbhir & Cunha, 2022).

This is of particular importance because, as shown in Figure 1, the validities of most subluxation assessments are equivocal, poor, or nonexistent. While the chiropractic profession has long held a philosophic attachment to the concept of subluxation, researchers have only recently begun to study the evidence base for subluxation.

Local methods of subluxation assessment. Citations are indicated by reference number.

Reliability and validity are rated: “+” = fair to moderate, “+/-” = equivocal, “-” = poor to nonexistent, “!” = contentious, “ ” = no data found.

Local Methods	Citations	Reliability Intra-examiner	Reliability Inter-examiner	Validity
Palpation – pain/tenderness	10	+	+	
Palpation – alignment	10	-	-	-
Tissue Compliance	11	+	+	
Motion Palpation – active	10	+	+/-	!
Motion Palpation – end play	10, 12–15	+	-	+/-
Static X-ray – Cervical	10,16–22	+	+	!
Static X-ray - Lumbar	23, 24	-	-	!
Surface EMG	25–27	!	!	+/-
Para-Sp Thermography	28–30	+	+	

Figure 2. Table describing methods of subluxation assessment and their validities (Owens, 2002).

Progress is being made towards operationally defining subluxation using manual assessment methods. Some researchers combine traditional manual methods with other methods including palpation for pain/tenderness, paraspinal thermography, and prone and supine functional leg length inequality and cervical x-ray line drawing analysis. New methods, such as computerized tissue compliance measurement and computer-aided thermographic pattern assessment are being developed, and initial results have been positive for reliability. However, the interpretations of findings from these methods are not clear in all cases and much work remains to be done.

3.2.10 The Joint’s Model Severely Limits the Scope of Practice

The Joint mandates a so-called “straight chiropractic” scope of practice, which prohibits tools, other modalities, etc. This severely limits the doctor’s scope of practice and therefore limits the doctor’s ability to maximize the quality of patient care.

The Joint’s business model is centered around “sick care” rather than healthcare. Chiropractic adjustments are excellent preventative care, but most patients don’t come to see a chiropractor preventatively. Instead, patients usually don’t see a chiropractor until they are at their wits end from pain. An adjustment doesn’t completely eliminate the pain and there is no scientific method to know how long the effects of a patient’s adjustment will last because everyone reacts differently. The Joint’s reliance on a high volume of patients means they expect patients that are in pain to come in multiple times per week in order to lessen their pain. Patients eventually realize that an adjustment alone is a short-term fix when they continue performing activities that repeatedly reactivate their pain. Patients then feel like they are stuck in an endless cycle with no long term solution to their problems. This can be addressed through patient education, which can help produce lasting improvements in the patient’s condition. For example, if a

patient's ergonomic behaviors are preventing them from seeing persistent reductions in pain, then the patient needs to be educated about how to change those ergonomic behaviors.

Using evidence-based chiropractic and ergonomic techniques and tools can improve a patient's posture. Such techniques and tools include ergonomic training and therapeutic exercises (Dandale, Telang, & Kasatwar, 2023), kinesthetic taping (Abbasi et al., 2017), cervical pillows, stretches, seats to help with sciatica, and other products such as orthotics, mouthguards, etc. However, The Joint's model prohibits providing patients with such beneficial additions to the chiropractic treatments. Owners will actively discourage doctors from using such techniques and tools, simply because according to The Joint's limited model those things fall outside the mandated scope of practice. This limits the quality of patient outcomes and doesn't respect the doctor's judgment. Even massage therapists with non-doctorate degrees are usually allowed to apply kinesthetic taping at franchised massage therapy businesses.²⁵

Patients tend to feel a sense of trust for their healthcare providers. This leads patients to be comfortable talking about their life stressors and issues with their healthcare providers, even if the provider is primarily providing a type of care that is not psychological or psychiatric in nature. Spending some time speaking about their stressors with a trusted individual is known to be therapeutic for patients, easing their mental stress. That complements the physical treatment they receive and serves to improve the patient's overall health (Kim et al, 2013). However, in The Joint's model the doctors are directed to spend as little time with patients as possible, which prevents the doctor from being able to spend time listening to what the patient might have to say.

4. Our Proposed Solution to the McDonaldization of Chiropractic Care

A different model needs to be implemented that prioritizes quality of care over quantity of patients. Setting an appropriate cost for treatment, rather than undervaluing treatment in an effort to make it highly affordable, enables a business model that does not rely on high patient volume. That, in turn, allows more time to be spent on each patient, and this will improve both patient outcomes and the ability for chiropractors to apply their skills effectively. Proper equipment for testing and evidence-based research will also improve the validity of the treatments and better track patient results.

At Healing Hands, we prioritize quality of care over quantity of patients or quantity of office visits. Each patient is treated as a unique and valued individual, with care and treatment plans that are carefully designed to achieve the best outcomes for each patient. We also apply the principles of conservative therapy when treating patients, with the goals of improving the patient's daily function while preventing unnecessary use of medications or surgeries.

We are dedicated to providing ample time for patient care, ensuring that patients receive complete and proper treatment and do not feel rushed. Treatment goals are oriented towards improving each patient's condition as quickly as is practical and prudent given the circumstances. Treatments are designed to make the most of each office visit and avoid scheduling more visits than necessary. At Healing Hands, our aim

²⁵ Extra add-ons for when you're feeling a little extra, <https://www.massageenvy.com/massage/enhancements>, accessed 2023-04-10.

is for patients to experience the most complete recovery possible from their conditions and maximize their quality of life.

We also provide ample reading materials in our patient waiting area describing research into the benefits of conservative therapy for a variety of conditions. This will help spread and encourage scientific research supporting our therapeutic treatments. Our focus is patient care. This is different from the Joint, where high volume and putting patients on plans is the necessary focus in order for The Joint's business model to succeed.

Having previously worked at The Joint, the primary author observed and experienced many of the shortcomings in The Joint's model firsthand. Those experiences motivated the author to develop an improved practice model oriented towards both the chiropractor and the patients. While The Joint's model may be straightforward, not every chiropractor will approach the operation of their practice in the same way. Each chiropractor is unique, just as each patient is unique.

Additionally, The Joint's model forces all the chiropractors who work for Joint locations to operate within The Joint's fast-paced, high-volume model, which hinders the chiropractor's ability to properly implement their techniques. The franchising approach is therefore not well suited to successful chiropractic practices, or to healthcare in general, because operating a practice and working with patients does not lend itself to uniformity. We encourage other chiropractors to network, start their own practices, and operate their practices in the way they want to practice.

Additionally, we encourage more chiropractors to take on the ownership role for Joint clinics and work within those clinics to save money and be profitable without sacrificing patient outcomes. Pursuing reliable patient care rather than having a narrow focus on finances will create more positive experiences for both patients and chiropractors at Joint locations. Selling the chiropractic profession to patients at The Joint shouldn't be done by owners who do not have experience and expertise in chiropractic.

5. Conclusion

The franchising of conservative care, specifically chiropractic care, is a modern example of the McDonaldization of healthcare. The Joint is the largest franchise that offers chiropractic care. Their affordability model is only viable with high patient volume, mimicking a fast-food service treatment. Franchising allows an individual with no experience in the chiropractic profession to own and operate these practices. That places control of the practice in the hands of owners who rely on a pre-determined cookie-cutter model to teach the public about chiropractic care. In this model, there is no time to develop and refine individualized treatment plans for patients. The lack of individualized treatment is problematic because patients' cases are never exactly the same. This leads to poor outcomes for both the patient and the practitioner.

The affordable model at the Joint can be a useful way to inform the public about the subluxation model of chiropractic. This is especially helpful for enabling people in lower income areas to experience chiropractic. However, The Joint still lacks the equipment needed for assessing special conditions. While a franchise such as McDonald's may be able to ensure uniformity amongst its franchise locations in terms

of how food is prepared, it is not possible for The Joint to ensure that patients are cared for properly in a uniform manner across all Joint locations because each patient's case is unique and therefore requires at least some degree of individualized treatment. This means that a franchise approach can't guarantee that patients will have the same experience in any Joint location.

Furthermore, not all doctors have the same training and there are no controls to ensure patient safety. This is why The Joint has to avoid liability by requiring patients to sign a large number of forms prior to an adjustment. Given the foregoing considerations, the best locations for The Joint are in close proximity to chiropractic schools. In such locations there is high availability of recently graduated chiropractors who could benefit from the skill training provided by a high patient volume. The larger number of chiropractors also enables more work shifts, which helps prevent individual chiropractors from being overworked. Finally, Joint locations near chiropractic schools have a higher likelihood of being regulated by people in the chiropractic profession rather than owners who have no education, training, or expertise in chiropractic.

Subluxation assessment methods lack validity and therefore require further research. Further evidence-based testing needs to be performed to ensure correct treatment for patients. We encourage current and future chiropractors to help advance the profession by investigating alternative ways to test the validity of subluxation assessments and improve them, for example through the use of goniometers. This will enhance public education about subluxations and make treatments based on subluxation assessments more accurately aligned with the patient's condition. This will also help the practitioner avoid making careless mistakes. That is especially important with high patient volume, which greatly limits the available time per patient and thus commensurately increases the likelihood of error.

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