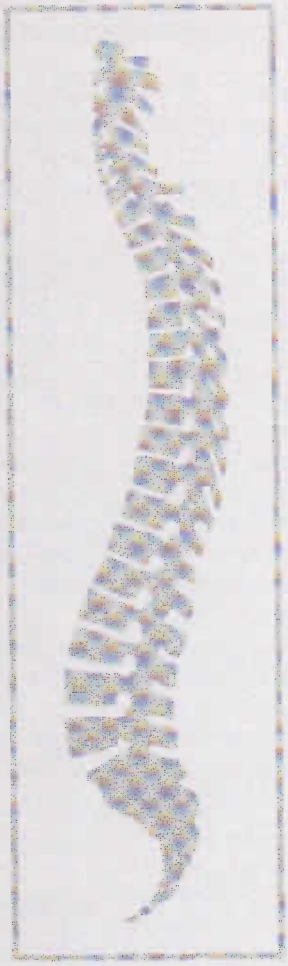

THE CHIROPRACTIC REPORT

An international review of professional and research issues, published bimonthly
Editor: David Chapman-Smith, LL.B. (Hons.), FICC (Hon.) **September 1994 Vol. 8 No. 5**

Orthopractic - Politics Masquerading as Science

A. Introduction

1. Dramatic moves are afoot in the multi-billion dollar health care market that is low-back pain.

Spinal manipulation, which people worldwide most commonly identify with the chiropractic profession, is now proven safe and effective for most patients - those with acute and chronic mechanical low-back pain. During the past three years the new scientific acceptance has been dramatically underlined in several major independent and multi-disciplinary studies - by the RAND Corporation in the US,[1] by senior health economists in Canada,[2] and by multi-disciplinary panels producing very influential new government-sponsored practice guidelines in the United Kingdom and the U.S.A.[3]

2. For patients this new evidence is good news. It distinguishes useful from less useful treatment and provides a basis for better care. For the medical and physiotherapy professions, already under considerable criticism for their traditional management approaches to patients with back pain, it represents a significant new threat to their market dominance because:

a) Back pain is one of the leading reasons adults seek health care.

b) The new evidence says manipulation is better than traditional medical management (rest, medication, physical therapy machine modalities and surgery) in every way - effectiveness, safety, patient satisfaction and, most significantly, cost effectiveness.

(Manipulation, of course, is only part of management. It must be accompanied by effective use of patient education and exercises - that is common ground for all professions).

c) Medical doctors and physical therapists are not trained to practise spinal manipulation by current formal educational programs. Medicine must escape from its history of condemnation of manipulation as potentially harmful and useless, and build on the few postgraduate long-weekend type courses that exist for MDs wishing to practise manipulation. Physical therapists must try and establish formal full-time postgraduate programs. In recent years special interest groups in the physical therapy profession have been pushing for these but they do not yet exist in North America.

3. Chiropractic organizations, and this Report, have been predicting a major move by organized medicine to discredit the chiropractic profession and claim ownership of the practice of manipulation. In the past few months it has arrived - a movement led by a Dr. Murray Katz from Montreal, Canada called the *Orthopractic Manipulation Society International (OMSI)*. Dr. Katz, a surprising and rather unfortunate choice of leader because of his long-term history as a virulent and discredited critic of chiropractic, has been living in medical political meetings for the last 12 months.

His message is simple. Medicine, with the aid of physical therapy/physiotherapy, can control manipulation by forming a new specialty - orthopractic - and declaring it the only source of 'scientific manipulation'. At this point in history chiropractors have to be acknowledged as able to practise manipulation - but only if they belong to the medically controlled orthopractic group, accept a role as therapists for back pain, and leave diagnosis to medical doctors. All other chiropractors should be portrayed as unscientific and unworthy of medical cooperation, official recognition and third party reimbursement.

Here, from his address to the Ontario Medical Association in Toronto on May 27, 1994, is a sample of his views:

- "I am the spokesman (for the Orthopractic Manipulation Society). I am going to be talking about politics,

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Professional Notes

New ACA Resolution on Chiropractic

What is the role of chiropractic in primary health care? Following the report of a special task force, the American Chiropractic Association gave this answer in a statement of policy adopted and approved in July:

The Role of Chiropractic in the Evolving Health Care System

The role of chiropractic in primary health care is characterized by direct access, longitudinal, integrated, conservative ambulatory care of patients health care needs, emphasizing neuromusculoskeletal conditions, health promotion, and patient-centered diagnosis and management. The chiropractor in the primary health care system is a first-contact gatekeeper for neuromusculoskeletal conditions.

The principles outlined below are intended to better serve the health needs of the public. They also provide policy makers, other health care professionals and the public with a clear understanding of chiropractic. These principles are also intended to provide a focal point to which members of the profession can gravitate and will allow the profession to pursue its legitimate aspirations for growth and development.

Chiropractors are first-contact physicians who possess the diagnostic skills to differentiate health conditions that are amenable to their management from those conditions that require referral or co-management.

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1995 Centennial Celebrations
Canada: May 31 to June 4, Toronto, Ontario. *United States:* July 5-10, 1995, Washington DC (incorporating the 1995 World Chiropractic Congress) and September 13-17, 1995, Davenport Iowa. Clear those dates now.

because there is no such thing as an orthopractor ... it's a *political* name, we're not talking about *clinical competence*, not talking about *science*."

- "The point is that 60,000 chiropractors are treating millions of people by manipulation - is that good or is that bad?"
- "The name *orthopractic* was meant to mimic *chiropractic*. We don't care who joins the OMSI - it's not a medical issue it's a political issue. We have no idea whether the people joining are good or bad manipulators, *and quite frankly we don't care*."
- "We go to workmen's compensation and say "Are you paying for orthopractic or chiropractic? What do you want? Take a choice, this or that?
- "A lot of chiropractors have already lost their privileges at HMOs in the States ... (at) the end of the road orthopractic not chiropractic will get covered - that's my prediction."[4]

4. There is, as Dr. Katz says, no such thing as an orthopractor. There are no educational programs, no standards of practice, no restrictions on which MDs or PTs can join and be promoted as competent to practise spinal manipulation.

The whole movement took its first formal step to establish an identity when Dr. Katz, as sole director, incorporated a private for-profit corporation named *Orthopractic Manipulation International, Inc.* in Montreal on April 5, 1994. Yet:

a) In the June 1994 issue of Consumers' Reports, the official magazine of the Consumers' Union in the U.S.A., the public was recommended to seek manipulation from members of this infant and unregulated medical society.[5]

b) In August medical leaders across Canada issued a remarkable press release encouraging adults, for themselves and their children, to seek manipulation and other manual therapy only from members of the OMSI.[6]

This speaks of long tentacles. In both instances there was a broad attack on the chiropractic profession, the strongest in many years. The OMSI has expressed international goals. Accordingly this Report looks at:

- Dr. Murray Katz and his goals.
- Who else is involved, and why.
- Why and on what terms chiropractors are being asked to join.
- What is the likely impact.

B. Dr. Katz

5. Dr. Murray Katz, the founder of orthopractic and the OMSI, is the most notorious medical critic of the chiropractic profession worldwide. He has been embroiled in litigation, political battles and media campaigns against chiropractic since the early 1970s. He was the dominant source for a report attacking chiropractic in the US Consumers' Reports in 1975, and has now had a similar role in 1994 - almost 20 years later.

On the one occasion where his views on chiropractic were subject to cross-examination, before a judicial Commission of Inquiry in New Zealand in 1978, he was completely discredited. To quote the Commission:

"We think the kindest thing to say is that Dr. Katz has become so emotionally involved in his self-appointed role ... that over a period of some years he has allowed his enthusiasm to override his judgement, his sense of reality and his sense of what is proper ... we are abundantly satisfied that it would be quite unsafe to rely on his opinions, or on any of his evidence on matters of fact which were not completely verified from an independent and reliable source".[7]

This Commission found him guilty of "a policy of lies and fraud" in his investigation of chiropractic, and of trying to pass off his personal anti-chiropractic writings as official government documentation.[8]

6. Leopards seldom change their spots. At the Ontario Medical Association meeting in Toronto last May already mentioned, seeking to protect himself against the findings of the New Zealand Commission, Dr. Katz alleged:

"... the Canadian Chiropractic Association formally apologized to me in a successful lawsuit by admitting completely and fully that everything I said in New Zealand was 100% correct ... I would be glad to furnish you with the legal apology".[9]

This is arrant nonsense. There was no formal admission or apology, and Dr. Katz cannot produce one. His lawsuit was launched with a flourish but quietly withdrawn years later without any damages, costs or other relief at all.

7. With Dr. Katz everything chiropractic seems open to misrepresentation, from the education and competence of chiropractors to the work of otherwise universally respected researchers. For example:

a) Promoting orthopractic in a May article in the Medical Post he gave this broadside to government recognition, regulation and reimbursement of chiropractic services in Ontario, Canada:

"Allowing graduates of the Canadian Memorial Chiropractic College (*who are licensed to practise in Ontario*) to have automatic access to the Ontario Health Insurance Plan, the right to use x-ray machines as well as complete examinations of patients, gives the public the false impression these graduates are qualified to know what they are doing."[10]

(Under threat of legal action for libel, The Medical Post has already published a complete retraction and apology approved by Dr. Katz.[11]).

b) Reed Phillips DC, PhD of Los Angeles is a prominent chiropractic researcher, respected in the health sciences community on the topic of spinal radiology in chiropractic and medical practice. Dr. Katz, blithely unaware of this, and ridiculing him because he is a chiropractor, advises his medical colleagues:

"The chiropractor is basically a placebo. ... He takes an x-ray which is a very powerful placebo ... this is a study by Phillips, who is a chiropractor. He says

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chiropractors take x-rays to rule out pathology - which you can't do properly by x-rays."

"You can't take an x-ray and say that person doesn't have cancer because 99% of cancers won't show up on an x-ray until it's too late ... well everybody else who does manual therapy does not need an x-ray to decide who to manipulate and who not to manipulate."[12]

c) Scott Haldeman DC, MD, PhD., chiropractor and neurologist, may be the most accepted scientific authority on spinal manipulation worldwide. When he appeared as an expert witness supporting the proposition that the chiropractic profession had superior education and practice skills for the practice of spinal manipulation than any other profession, Dr. Katz had the gall to make this comment:

Question: "Do you challenge Dr. Haldeman's scientific integrity?"

Answer: "From the readings I have done of Haldeman, which I have paid particular attention to, I have very serious questions on the scientific validity of every paper of his that I have ever read".[13]

This from a man who has no qualifications in, and has never published any scientific research in, the fields of chiropractic and spinal manipulation.

8. Dr. Katz practises pediatrics in Montreal. In 1977 he became Chairman of the Committee on Health Affairs of the Consumers' Association of Canada. Two things seem plain. The first is that, as he says, he will have experienced some cases in his practice where children had suffered harm from inappropriate chiropractic care. The second is that he has rather overreacted in working with organized medicine to condemn the chiropractic profession in the 20 years since that time.

C. Goals of Dr. Katz and his OMSI

9. Using strategic planning terms this appears to be the wider game plan of Dr. Katz and the medical establishment now that they are faced with scientific evidence and government backed guidelines that say spinal manipulation should be considered for most patients with back pain:

Mission

To retain medical control of the back pain marketplace by making the medical profession the gatekeeper for spinal manipulation, and by having that treatment provided principally by medical doctors and physiotherapists.

Goals

Goal 1: Promote the image and market utilization of MDs and PTs who manipulate.

Action Steps to achieve this goal include:

a) Create a new professional identity - orthopractic - to represent those who practise manipulation in medicine and physical therapy.

b) Achieve unity by having all MD and PT leaders in the field of manual therapy join.

c) Seek to establish proper educational programs to qualify MDs and PTs to practise spinal manipulation.

d) To avert enquiry into educational qualifications until this is done, emphasize repeatedly that orthopractic is 'scientific' and has 'standards of practice'.

e) Work "from the ground up" in establishing a presence in the marketplace. Go to the bureaucrats not the politicians. Get the support of referring MDs, medical societies, third party payors, managed care administrators one by one - rather than dealing with legislators and risk an open inquiry into educational qualifications and competence.

Goal 2: Attack the market leader, chiropractic.

Action steps include:

a) Avoid discussion of areas where chiropractic is strong - educational qualifications, clinical results, research, patient satisfaction.

b) Paint chiropractic as 'unscientific' and therefore a dangerous alternative to scientific orthopractic. Since that cannot be done in the target area - back pain - focus on worst cases and fringe chiropractic claims in media sensitive areas such as treatment as children and immunization.

c) Weaken chiropractic by exploiting its divisions. Do this by offering to include chiropractors in the orthopractic movement but ensure they remain in a minority and subservient to MD/PT interests.

10. To test this analysis look at the OMSI pamphlet which is the core document for the orthopractic movement. It has been printed in huge volumes and those joining the OMSI are asked to buy bulk quantities and send it to referring MDs and all relevant other persons. The OMSI is sending it direct to medical societies, insurance companies and all other relevant organizations.

The first and the last two panels from the pamphlet appear in Figure 1(*see page 4*). With the exception of the gratuitous criticism of chiropractic participation in scoliosis screening programs, all these statements are consistent with the policies and principles of the chiropractic profession. The pamphlet implies this is not true. "The professional practising orthopractic manual therapy" believes these *scientific* things, but be careful because there are "*those* (read chiropractors) *who make unscientific claims*". (*Panel 1, para 3*)

The first paragraph notes that the chiropractors are one of the "several medical professional groups" who may practise orthopractic manual therapy. Policy dictates, therefore, that chiropractors cannot be openly criticized by name in the balance of the pamphlet.

However the position of chiropractors in orthopractic is quite plain. Having been mentioned in the opening paragraph, at the end of the line even though they are the largest and most qualified profession in the field, they are not mentioned again. Recommended books are from MDs and PTs, recommended professional groups are only MDs and PTs, and if you want to know "what is really wrong" go to a "licensed medical doctor for a proper differential diagnosis."

11. The open attack on chiropractic becomes apparent from reading the OMSI pamphlet together with other documents and communications promoted by OMSI. As an example:

a) The OMSI pamphlet has this to say on the use of x-ray for children prior to spinal manipulation (*Panel 3 - not in Fig. 1*):

"It is not necessary to x-ray infants and children. In the rare instances of a suspected bone fracture or congenital bone defect, I will consult in order to make the proper diagnosis.

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"I consider it to be dangerous to take total body x-rays especially of children."

b) Now add this. Last month Dr. Katz and 13 of his colleagues, Canadian pediatricians for whom he claims to be the "mouthpiece", issued a media statement which was duly carried on the front page of Canada's largest daily newspaper.[14] It condemned chiropractic management of children in any circumstances, and called for immediate suspension of government funding for chiropractic services for infants and children up to age 18 years. Significantly, in the present context, it contained these allegations.

- "Chiropractic use of x-rays of infants and children to diagnose so-called vertebral subluxations is unscientific and of no value whatsoever. These x-rays can contribute without any benefit for the child to the future risk in the child of cancers and genetic damage. *Parents should never allow their children's spines to be x-rayed by a chiropractor."*
- "We welcome the scientific guidelines of the *Orthopractic Manipulation Society International* ... we welcome warnings made in these guidelines ***(i.e. the OMSI pamphlet)*** about the unscientific use of x-rays and unscientific claims about treating pediatric conditions."
- "The musculoskeletal problems of infants and children can be managed in a safe, scientific and responsible manner by the family physician, the pediatrician, the orthopedic specialist, the physical therapist and, with medical consultation, those chiropractors who adhere to the orthopractic guidelines".

c) This statement by Canadian pediatricians, issued direct to the media without any prior consultation with chiropractic authorities and unsupported by any evidence of harm, makes it quite clear who the 'others' are in the OMSI pamphlet. It also completely misrepresents mainstream chiropractic practice. Nationally-based practice guidelines make that obvious to anyone wishing to make honest inquiry.[15]

D. Who Else Leads OMSI

12. In various interviews and speeches Dr. Katz has identified physical therapists Stanley Paris (US) and Robin McKenzie (US and New Zealand), and orthopedic surgeon Dr. Hamilton Hall (Canada) as principal supporters in his move to establish orthopractic. It is their organizations and literature that are promoted in the OMSI pamphlet.

Motivation seems clear. McKenzie and Paris have been leaders of the relatively new movement by the physical therapy profession to establish a specialty practice in the area of orthopedic or manual therapy. They deserve respect for their evident contribution. They have also, however, been major entrepreneurs in the field of postgraduate, part-time courses for PTs wishing to practise manipulation. Tens of thousands of PTs have taken their long-weekend courses over the past 15 years. However they and their students face two problems.

a) The PT profession has not been successful in developing a fulltime postgraduate program giving a thorough education for the practice of manual therapy, and leading to formal qualification and specialty licensure. Until that happens any PT can practise manipulation, competence varies greatly, and the PT profession is unable to answer the

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FIGURE 1

ORTHOPRACTIC MANIPULATION SOCIETY INTERNATIONAL - EXTRACT FROM PAMPHLET

(Panel 1)

ORTHOPRACTIC MANUAL THERAPY

Manual movement of the joints of the human body is practiced by several medical professional groups such as some family physicians, orthopedic specialists, physiatrists, physiotherapists, sports therapists, osteopaths, and chiropractors.

The therapist who provides you with these guidelines, practices what we call "orthopractic manual therapy." The word, **ortho**, refers both to the bones of the body as well as to the word orthodox, meaning, acceptable scientific standards. The word, **practic**, comes from the Greek word, "prattein", which means "to do." In brief, the word orthopractic means to provide manual therapy in a safe, scientific and responsible manner.

This pamphlet advises you what the professional practicing orthopractic manual therapy believes to be true. It will also caution you against those who make unscientific claims of the benefits of such therapy.

WHAT IS ORTHOPRACTIC MANUAL THERAPY?

Orthopractic manual therapy involves restoring a greater range of motion to the joints of the human body. The technique of mobilization is gentle and involves the gradual restoration of joint motion by relaxation of the surrounding tissue and muscle. Manipulation is more forceful and involves moving the joint to its maximum point of limitation and then applying a sudden thrust against resistance.

PATIENT SELF CARE

I will provide my patients with educational information which will enable them to reduce their own pain and disability using their own understanding and resources. I will do all that I can to have the patient become independent rather than dependent on my therapy.

(Panel 4)

IMMUNIZATION

I believe that immunization is the only safe and effective way to prevent many serious childhood diseases including polio, measles, mumps, rubella, hemophilus, meningitis, hepatitis B, diptheria, pertussis and tetanus.

PATIENT PERSONAL TESTIMONY

I will not encourage personal testimony in the public media to promote the benefits of the treatments I will be offering. I may promote my therapy by quoting scientific studies about the value of mobilization and manipulation therapy.

HOMEOPATHY

I will not recommend to my patients homeopathic remedies or treatments as I do not consider them to have a scientific basis.

ADVICE FOR THE HEALTH CARE CONSUMER

You can be easily fooled by personal testimony. Do not accept any sales promotions such as family plans, pre-paid contracts, life-long spinal adjustments, coupons to reduce costs or free x-ray examination. Do not attend elementary school screening programs for spinal scoliosis organized by chiropractors.

Recommended Books:

"Treat Your Own Back" or "Treat Your Own Neck." by Robin McKenzie

"Better Back in 30 Days" and "More Advice From The Back Doctor", by Dr. Hamilton Hall.

"For Your Back" or "For Your Neck" by H. Duane Saunders.

(Panel 5)

RECOMMENDED PROFESSIONAL GROUPS

1) **LICENCED MEDICAL DOCTOR** to provide a proper differential diagnosis. What is really wrong? Is a prescribed medication necessary? Should a neurologist, orthopedic surgeon, or another medical specialist be involved?

2) **PHYSIOTHERAPIST**, especially one who belongs, in the United States, to the American Academy Of Orthopedic Manual Physical Therapists. For information contact Dr. Stanley V. Paris PhD. PT, 201 Health Park Blvd. Suite 215. Augustine, Florida. 32086. In Canada, contact David Lamb, M.C.S.P. Dip. TP. of the Canadian Orthopedic Manipulative Physiotherapist group (C.O.M.P.), 4808 Ross Street, Suite 405, Red Deer, Alberta Canada T4N 1X5.

3) **MCKENZIE INSTITUTE INTERNATIONAL**, trained professional. For information contact the McKenzie Institute U.S.A. One Fayette Park, Syracuse. New York. 13202.

OFFICE STAMP

This information in these guidelines represents the scientific opinion of an editorial board. The Society is independent of any health care organization or lobby group. It is solely funded by the voluntary contributions of its members. The Orthopractic Manipulation Society International is dedicated to providing the public, fellow health care professionals, and government with guidelines on the provision of safe and scientific manual, mobilization and manipulation therapy.

direct question "what amounts to an appropriate education for the practice of spinal manipulation?"

b) Because PT education and manipulation is private and part-time, and from different proprietary groups, the profession has no clear identity with which to approach third party payors and managed care organizations. This limits its ability to compete with both medicine and chiropractic.

Orthopractic gives PTs the identity and medical support that promises to solve these two problems.

13. Hamilton Hall, the heavily self-promoted 'Back Doctor' in Canada, has made his fortune franchising Canadian Back Institute (CBI) clinics. These promote a management approach similar to chiropractic, but employ PTs not chiropractors.

In the Canadian marketplace PTs practising manual therapy in his CBI clinics have a number of limitations. They must compete with an established and prominent chiropractic profession (Toronto has 800 chiropractors) and they have two disadvantages - absence of formal education and qualifications, and no competence by education or law to perform a differential diagnosis. The orthopractic movement serves Hall's needs in that it:

a) Attacks the chiropractic profession - arguing that the government health plans, Workers' Compensation Boards, and private insurance companies should only reimburse manipulation by orthopractors, not chiropractors.

b) Seeks to reduce chiropractic from a diagnosing primary contact profession to an equivalent status with the PT, ultimately dependent upon an MD for diagnosis and approval.

c) Gives a new professional identity and appearance of specialty qualification to PTs.

E. Why Are Chiropractors Included, and Will They Join

14. In the past medical attacks on chiropractic have failed partly because they were so extreme. The orthopractic movement, with greater subtlety, seeks to divide the chiropractic profession by inviting chiropractors to join. To medical associations it talks of politics, medical control, and destroying the influence of the chiropractic profession; to chiropractors it talks of science, medical cooperation, and patients on referral. Some chiropractors will join, for a while, because:

a) OMSI is posing as an interdisciplinary scientific organization. Other organizations that are truly like that, such as the American Back Society and the Physical Medicine Research Foundation, exist and benefit everyone. Some chiropractors will give OMSI the benefit of the doubt.

b) In some US states a combination of market and professional factors will suggest to some chiropractors that OMSI will support their personal practices. Factors such as:

- Divided leadership and ineffective self-regulation in the chiropractic profession.
- Loss of patients to HMOs and other managed care organizations that do not yet include chiropractic services.
- The seductive OMSI promise that it will use medical influence to promote the interests of chiropractors who join.

Reflection upon the facts revealed in this Report should give them pause. There is no doubt about where their long-term interests lie - with their own profession.

F. Conclusion

15. In a visit to the offices of The Chiropractic Report in October 1993, Dr. Katz was frank about what would happen in 1994:

a) At meetings he had attended, US medical leaders had expressed the need for a concerted new attack on chiropractic because it was thought that the Clintons held a favourable view on inclusion of chiropractic services in the proposed new US national health care plan.

b) It was decided that the attack should focus on the area of danger to children. Hillary Rodham Clinton had particular interest in children's issues, the subject sold well with the public, and chiropractic was most vulnerable here because of the claims and practices of the fringe. Katz would be involved in a sophisticated continuing campaign of negative media for the next 12 months.

This has come to pass, and orthopractic has been born in this political context. In an interview in July Dr. Katz estimated that the OMSI had 700-800 registered members. This was likely an exaggeration, but may be true now.

16. Accordingly a small new organization has made a large noise. Will it be an influence in 12 months time? Here are two predictions:

a) Few chiropractors will join and remain in the OMSI. It will fail to split the chiropractic profession. However it will cause damaging confusion for the chiropractic profession because those chiropractors joining and the OMSI as a group, will continue to be extremely political and vocal.

b) For other medical and PT leaders to continue in the OMSI Dr. Katz will have to leave because of the risks he poses as an extremist and loose canon. However he will - because that will best suit his goals.

Orthopractic may well then develop a strong market identity to the detriment of chiropractic. This will only be a large and enduring problem if a formal orthopractic educational program and specialty is established. Fortunately this is a problem for the movement, because so many MDs and PTs wish to practise manipulation on minimal training. Some will insist on high standards. Agreement will be difficult.

17. Finally, the chiropractic profession has important lessons to learn from this whole episode. Three things are necessary to counter future attacks as medicine moves to gain control of spinal manipulation:

a) Professional unity.

b) A much clearer market identity and scope of practice. In the pragmatic 1990s these must be consistent with research, the dictates of patients and the health care marketplace. The American Chiropractic Assocation resolution (*see page 1, Professional Notes*) is an excellent move in this direction.

c) Strong disciplinary action against, and official disapproval of, chiropractors who make extreme claims. This will give needed public credibility and identify fringe practice as not representative of the chiropractic profession. At present, if one medical doctor engages in fringe practice he is an exception. If a chiropractor does, the profession is damned. That can only be changed by strong self-regulation.

References: see over

References

1. Shekelle PG, Adams AH et al (1991) The Appropriateness of Spinal Manipulation for Low Back Pain: Project Overview and Literature Review', RAND, Santa Monica, California. Monograph No. R-4025/1 - CCR/FCER.

2. Manga P, Angus D et al (1993) 'The Effectiveness and Cost-Effectiveness of Chiropractic Management of Low-Back Pain', Pran Manga and Associates, University of Ottawa, Canada.

3. Both the US and UK guidelines exist in draft final form, and will be released during the next few months. They have been prepared with more authority - government backing, multidisciplinary participation and exhaustive literature review - than any past guidelines and are expected to have a major impact on practice. In the UK the guidelines are the product of the Clinical Standards Advisory Group, Department of Health, in the US of Back Pain Working Groups, sponsored by the Agency for Health Care Policy and Research, Department of Health, Education and Welfare.

4. Address of Dr. Katz to OMA, May 27, 1994, transcript from audiotape, 3 and 8.

5. Alternative Medicine: Part 3: Chiropractors (June 1994), Consumers' Reports, US Consumers' Union, 383-390, 390.

6. Haslam RHA et al (1994), Statement of the Chiefs of the Departments of Pediatrics of 13 Hospitals in Canada, dated August 18, 1994, para 9.

7. Chiropractic in New Zealand, Report of the Commission of Inquiry, (1979) P.D. Hasselberg, Government Printer, Wellington,114, paras 23 and 24.

8. Ref 7 supra, 112-114, paras 12 and 18-22.

9. Ref 4 supra, 2.

10. Globe & Mail, May 10, 1994.

11. Retraction and apology published in the Medical Post July 5, 1994, and letter dated June 16, 1994 from Dr. Katz to The Medical Post.

12. Ref 4 supra, 5.

13. Ref 7 supra, Official Transcript of Proceedings, 2514.

14. Globe & Mail, August 30, 1994.

15. In Canada, for example, Clinical Guidelines For Chiropractic Practice in Canada (1994) ed.by Henderson D et al, Canadian Chiropractic Association, Toronto, Chapter 4 (Diagnostic Imaging), generally and page 30 Contraindications.

Professional Notes: *continued from page 1*

- Chiropractors provide conservative management of neuromusculoskeletal disorders and related functional manifestations including, but not limited to, back pain, neck pain and headaches.
- Chiropractors are expert providers of spinal and other therapeutic manipulation/adjustments. They also utilize a variety of manual, mechanical and electrical therapeutic modalities. Chiropractors also provide patient evaluation and instructions regarding disease prevention and health promotion through proper nutrition, exercise and lifestyle modification among others. The range of diagnostic and therapeutic services offered by chiropractic is dynamic and will be modified by education, research, technological change and society's evolving health care needs.
- Chiropractic diagnostic and therapeutic goals should be achieved as safely quickly and economically as possible to promote patient health and independence.
- Optimal patient care can best be achieved when chiropractic is vertically integrated within the health care system. Interdisciplinary collaboration is essential to this purpose.
- The diagnositc and therapeutic guidelines adopted by the profession should be evidence-based. In health care, the absence or ambiguity of scientific evidence requires using sound clinical judgement in place of hard data.
- Chiropractors offer accessible and appropriate care to all population groups.
- Chiropractic recognizes the multi-faceted aspects of health, disease, etiology and related patient care.

Glossary of Terms

Adjustment - Any chiropractic therapeutic procedure that utilizes controlled force, leverage, direction, amplitude and velocity which is directed at specific joints or anatomical regions. Chiropractors commonly use such procedures to influence joint and neurophysiological function.

Conservative - Designed to preserve health, restore function, and repair structures by nonradical methods. In chiropractic, also implies the use of only drugless and nonsurgical methods.

Direct Access - Accessibility to services with one initial contact to a health care source. Also implies that services are attainable within a reasonable timeframe, that the services are affordable to those in the community, and that the services are availiable to all who seek them.

Gatekeeper - An individual who is the initial point of contact for the patient within a health care delivery facility. Also denotes one who is assigned responsiility for the initial assessment of the patient's needs, for treating or referring the patient as appropriate, for being accessible to the patient with a minimum of delay, and for being responsive to the urgency of the patient's needs.

Integrated - Organized into an inter-disciplinary network of collaborating facilities that provides patient access to the type of provider and the level of services that the person requires with a minimum of delay. Also implies coordination of services necessary for problem recognition and appropriate management, maintenance of an accurate medical record, and efficient use of resources.

Longitudinal - Able to provide for continuity of case management, including initial triage, treatment and coordination of specialty services, over the time course of necessary care to resolution or maximum therapeutic benefit. Presupposes patient accessibility to a health care source and the use of that source by the patient as the need arises.

Manipulation - A manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.

Motion Segment - A functional unit made up of the two adjacent articulation surfaces and the connecting tissues binding them to each other.

Neuromusculoskeletal - Function of the musculoskeletal system is integrated with neurological function and expressed by biological regulatory mechanisms.

Patient Centered - An orientation to patient care which recognizes the many antecedents and co- factors in the disease and healing process, such as life-style, environment and genetics, and seeks to address those factors as an integral part of the patient's care.

Subluxation - A motion segment, in which alignment, movement integrity and/or physiological function are altered although contact between joint surfaces remains intact.

Subluxation complex - A theoretical model of motion segment dysfunction (subluxation) which incorporates the complex interaction of pathological changes in nerve, muscle, ligamentous, vascular and connective tissues.

Triage - To determine priority of need and proper placement of treatment.

Vertical integration - A system that provides for primary care, specialty care or hospitalization, as necessary, through interdisciplinary and specialty collaboration.

(Other terms defined: first contact, health promotion, manipulable subluxation, spinal motion segment, and subluxation syndrome)