

THE CHIROPRACTIC REPORT

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Free

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Professional Notes

1991 World Chiropractic Congress

Royal York Hotel, Toronto Canada, May 2-5, 1991.

This will be the finest spinal care meeting ever held - both in terms of quality and breadth of scope. The Congress features combined meetings of:

- American Back Society. The ABS represents all professional groups involved in spinal care - acupuncturists, chiropractors, medical doctors (family practitioners, manual specialists, orthopaedic surgeons, neurologists, neurosurgeons, psychiatrists, radiologists, rheumatologists), nurses, osteopaths, physical therapists and other allied health disciplines.
- World Federation of Chiropractic. The WFC represents all national associations of chiropractors worldwide (48 countries).

The 2-day ABS program is jointly sponsored by the Faculty of Medicine, University of Toronto and the WFC. The 2-day WFC program is jointly sponsored by the Canadian Memorial Chiropractic College, Toronto, and the ABS. Over 1500 health professionals are expected to gather in Toronto and hear:

- **ABS Symposium** - lectures and workshops from leaders in all professions, from new surgical techniques of artificial disc replacement and pedicle screw fixation to latest developments in conservative management, including newer specialties such as aquatic therapy, acupuncture and rolfing and myofascial reorganization. Chiropractors can choose to attend chiropractic workshops on diagnosis and management of the cervical spine or workshops by leaders in medical imaging, diagnostic and therapeutic

continued on page 4

Practice Guidelines – the 1992 Chiropractic Consensus Conference

A. Introduction

"Few ideas in health care have "caught fire" as quickly as the idea of practice guidelines and standards. As recently as three years ago it was a subject of narrow interest and rare comment. Now, it would seem, everyone is interested: organized medicine, insurance companies, regulators, peer review organizations (PROs), and the U.S. Congress."

Lucian L. Leape MD, Professor of Health Policy, Harvard School of Public Health.¹

"As 1991 begins, quality of care in general and practice guidelines in particular occupy central positions in the national debate about health policy. This picture represents an extraordinary change from the decade of the 1980s, during which cost concerns dominated the health policy landscape, almost completely overshadowing quality of care issues. What explains this dramatic shift in emphasis, and what does it portend?"

Mark R. Chassin MD, MPP, MPH, RAND Corporation.²

1. The reasons for the sudden new emphasis on practice guidelines in health care in the U.S. apply throughout the western world and will give rise to similar response during the 1990s. They include:

- The extraordinary cost of modern health care systems
- Growing doubt by government, employers, insurers, media - by the public in general - that most health services are efficient, effective or even necessary.
- The emergence of new technology for developing meaningful practice guidelines.

2. In North America Kushner and Rachlis estimate that fully 80% of medical interventions and technologies have no scientific evidence of effectiveness.³ Prescription drug abuse is rampant, rates of surgery vary capriciously in different regions of the same country, apparently depending upon supply of surgeons rather than health needs, Sophisticated imagery can be valuable but when is it worth the cost?

Governments, on account of the cost and

waste and sense of public disaffection with the health care system, are showing new willingness to dictate to the medical profession and all health providers. As Chassin says:

*"The novel quality of the current debate is that guidelines may be too important to be left to health professionals to develop and implement. Underlying the call for practice guidelines ... is the clear inference that this task cannot be left to the haphazard and unstructured processes of the past."*⁴

3. How is chiropractic responding? As strongly as any profession, and major current developments in North America include:

- The establishment and review of practice guidelines by various state chiropractic associations.
- The ongoing work of the Consortium for Chiropractic Research and the RAND Corporation in expanding and analyzing the research database relevant to standards of practice - through surveys of the chiropractic profession, performance of new clinical trials and studies, and synthesis (metaanalysis) of existing research evidence. (See Table 1).

- Now, in a major new development, there is to be a North American consensus conference titled 'Guidelines for Chiropractic Quality Assurance and Standards of Practice' held in California February 11-16, 1992.

The fundamental features of this consensus conference are that it has the support of all major chiropractic organizations in North America, involves a representative cross-section of experts in research and clinical practice, and will produce a completed new practice guidelines document for the chiropractic profession in North America on February 16, 1992 - the concluding day of the meeting.

Organizations sponsoring and funding the consensus conference include the American Chiropractic Association, the International Chiropractors' Association, the Canadian Chiropractic Association, the Council of Chiropractic State Associations, the Association of Chiropractic Colleges and the Federation of Chiropractic Licensing Boards. Effective practice guidelines require broad consensus - this new initiative has it.

4. Understandably many chiropractors and other health professionals feel threatened by the move to more explicit practice guidelines.

In this issue the Report defines practice guidelines, reviews how they are used and who benefits, explains how they are established, and describes the California chiropractic consensus conference ('Practice Guidelines Conference') which will produce a document of far reaching significance within the next year.

B. Definitions

5. There is a lot of new language about. One hears of 'performance measures', 'practice guidelines', 'practice parameters', 'quality assurance', 'review criteria', 'standards of care', 'standards of practice' and 'standards of quality'.

In December 1989, in response to four major reports from public agencies expressing concern about medical standards and calling for a national effort to establish practice guidelines, the U.S. Congress enacted legislation giving the U.S. Department of Health and Human Services a new agency. This agency, now to be responsible for the development and maintenance of health practice guidelines, was called the Agency for Health Care Policy and Research. The AHCPH has adopted these definitions.⁵

Practice Guidelines - systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.

Standards of Quality - authoritative statements of minimal levels of acceptable performance or results, or excellent levels of performance or results, or the range of acceptable performance.

As 'animal' is a wider concept than 'mammal' so 'practice guidelines' is wider than 'standards of quality', which are those parts of practice guidelines that specify minimal or excellent or acceptable range of performance.

'Practice guidelines' and 'standards of quality' are used in this Report to be consistent with AHCPH language, which has been carefully developed and will likely be adopted throughout the English-speaking world. Another reason for avoiding 'standards of care' and 'standards of practice' is that these terms have become associated with the related but distinct field of legal standard of care and malpractice.

C. How guidelines are used

6. Practice guidelines are used in:

- Education
- Quality improvement
- Research
- Risk management
- Reimbursement

The first three are self-evident. The last two cause the average provider legitimate concern - but what may not be apparent is the huge potential benefit of practice guidelines in these two areas.

7. Risk management

Haldeman⁶ reports a recent malpractice case in which:

- The patient claimed damages against a chiropractor for increased neck pain following treatment. There was no dispute that the patient was experiencing cervical muscle spasm when she consulted the chiropractor.
- She called as expert witness a chiropractor who testified that it was outside acceptable standards of chiropractic practice and

negligent to employ any high-velocity adjustable techniques in the presence of muscle spasm in the affected region of the spine.

- That expert testimony was, of course, remarkable and wrong. However the chiropractor was vulnerable since there were no defined practice guidelines he could use to demonstrate to the court that the expert evidence was fallacious.

- In the absence of guidelines he was obliged - at considerable cost and risk - to go to trial with a competing expert and count on the court preferring his expert's testimony.

If there had been accepted practice guidelines in chiropractic explicit on this matter the case would never have got off the ground, saving the defendant chiropractor the stress, cost and risks of a lingering malpractice suit. Accordingly good practice guidelines give a framework of greater certainty and protection for reasonable practice.

8. Reimbursement

The days of freedom for health professionals to set their fees are either gone or fast going, depending upon where you live and practice. A shrinking percentage of patients make their own choice of provider - patients are increasingly influenced by third party payors, employers, group health delivery systems and private and public regulators. Health cost analysis is a whole new industry and the public is insisting on more control.

In light of this the issue is not *whether* there should be more explicit guidelines, but *who* will set them. If it is third party payors the basic criterion will be cost, with an emphasis on limited crisis care. If it is providers health professionals will still be concerned about increased regulation - but undeniably guidelines will be more rational and have greater emphasis on relevant clinical factors including the need for preventive and supportive care. For chiropractic, in short:

- Third party guidelines will tend to reimburse treatment until specific symptoms are relieved.
- Profession based guidelines will allow for management until function is restored, and will identify an appropriate role for supportive care thereafter.

Table 1

RAND CORPORATION

The RAND ('Research and Development') Corporation is an internationally renowned private corporation based in Santa Monica, California that came to prominence in military planning during World War II. It still conducts much R&D for the US military and other US government departments.

It now has large branches active in health education and public policy and has developed much of the new technology for establishing health practice guidelines - including the Modified Delphi technique being used in the 1992 Chiropractic Practice Guidelines Conference discussed in this Report. RAND has been working on a variety of research projects with the chiropractic profession since 1988 including:

- An analysis of US data on utilization of chiropractic services from the RAND Health Insurance Experiment - to be published in the March 1991 of the Journal of the American Public Health Association.
- A new nationally representative study of use of chiropractic services in the US.
- A US national survey of chiropractors' attitudes with respect to standards of care.
- Metaanalysis of clinical trials of spinal manipulative therapy.
- Multi-disciplinary and chiropractic consensus group meetings on the role of spinal manipulation in the management of acute, sub-acute and chronic low back pain.

The RAND Corporation is also assisting other health provider groups with research aimed at establishing practice guidelines, including the American Medical Association.

continued on page 5

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Table 1

1991 World Chiropractic Congress - Royal York Hotel, Toronto, Canada May 2-5, 1991

Free papers (original research) selected for platform presentation**BASIC SCIENCES**

- Changes in Rabbit Muscles Due to Chronic Compressive Nerve Irritation James A. Christian DC, S. Beals, G. Burnham, M. Magnani, S. Urbanek. USA (National College of Chiropractic)
- Forces Required to Cause Cavitation During Spinal Manipulation in the Thoracic Spine Phil Conway DC, Walter Herzog PhD, Yuangting Zhang PhD, Evelyne M. Hasler. Canada (U Calgary)
- Effects of Combined Motions on the Posterior Ligaments of Lumbar Spine M.R. Gudavalli PhD, John J. Triano DC, MA. USA (National CC).
- Electromyographic Responses of Neck Muscles to an Inflammatory Agent in Anaesthetized Rats J.W. Hu PhD, J. Sessle, J. Crawford DC PhD, H. Vernon DC. Canada (CMCC).
- Nucleus Pulposus Movement Within Rat Intervertebral Discs Subjected to Sagittal Plane Motions Dennis M. Marchiori, Se-Pyo Hong PhD, Brian McMaster PhD. USA (Palmer CC).
- The Role of the Cervical Sympathetic Trunk-Submandibular Axis in Modulation of Endotoxin Shock in the Rat Stephen C. Waddell DC, Ronald Mathison PhD, Joseph S. Davison PhD, Dean Befus PhD. USA (Palmer CC).
- Modification of Blood Beta-Endorphins and Melatonin Levels in Chronic Head and Neck Pain in Male Patients by Spinal Manipulation M.S.I. Dhami PhD, Robert Mootz DC, BS. USA (Palmer-West CC).
- Asymmetry of the Occipital Condyles: A Computer Assisted Analysis Teresa A. Febbo DC, Roger Morrison DC, Richard Valente. USA (Cleveland CC, Kansas).

DIAGNOSTIC SCIENCES

- Identifying Errors in Cervical Spinal Canal Measurements S.H. Burns DC, S.A. Mior DC, M. McGregor DC, MSc, J.D. Cassidy DC MSc. Canada (U Sask.).
- Intra- and Inter-examiner Reliability of Static Palpation of Specific Landmarks in the Lumbar Spine and Pelvis using an Invisible Skin Marking Pen David Byfield DC BSc, Jimmy Mathiasen, Casper Sangren. Britain (AECC)
- Sacroiliac Thermography in Mechanical Low Back Pain Peter R.P. Diakow, DC, BSc, Bob Szczurko DC BSc BEd. Canada (private practice).
- Lack of Evidence for a Relationship Between Low Back Pain and Asymmetrical Muscle Activity using Scanning Electromyography William Meeker DC, Doug Matheson PhD, Amo Wong DC. USA (Palmer-West CC).
- Deficiency of Neck Muscles in Cervicobrachial Syndrome Allan Jordan DC, Jesper Mehlsen MD, Torben Lund BEng. Denmark (private practice).
- 3-D Head Axis of Rotation as a Diagnostic Tool for Assessing Neck Function Jack M. Winters PhD, Paul J. Osterbauer DC, Joe D. Peles MS, Kathleen L. Derickson BS. USA (Arizona State U).
- Lumbar Motion Trends and Correlation with Low Back Pain. A Roentgenological Evaluation of Quantitative Segmental Motion in Lateral Bending Mitchell Haas DC, Joanne Nyiendo PhD. USA (Western States CC).
- Normal Sagittal Plane Motion in the Human Neck Keith Harvey Charlton DC, Nikolai Bogduk PhD. Australia (private practice).

MANIPULATION SCIENCES

- Scintigraphic Analysis of Idiopathic Sacroiliac Joint Pain Dale Mierau DC. Canada (U Sask.).
- Functional Outcomes of Low Back Pain: Comparison of Four Treatment Groups in a Controlled Randomized Trial John Hsieh DC. USA (Los Angeles CC).
- Low Back Pain Treated by Medical Doctors and Chiropractors Ole H. Jochumsen DC. Denmark (private practice).
- A Randomized Clinical Trial of Physiotherapy and Manual Therapy for Chronic Back and Neck Complaints Bart W. Koes MD, Henk van Mameren, Alex Essers, D.M. Hofhuizen, J.P. Houben, G.M.J.R. Verstegen, P.G. Knipschild. Netherlands (U Limberg).
- The Immediate Effect of Manipulation versus Mobilization on Pain and Range of Motion in the Cervical Spine: A Randomized Controlled Trial J.D. Cassidy DC BSc, Art A. Lopes DC, BSc, K. Yong-Hing MB. Canada (CMCC).
- Vertebral Axial Decompression for Lumbar Disc Herniations Gustavo Ramos MD, William Martin MD, Allan E. Dyer PhD MD, T.M. Patt BSc. USA (Private practice).
- Differences in Treatment History with Manipulation for Acute, Subacute, Chronic and Recurrent Spine Pain John T. Triano DC, Maria Hondras DC, Marion McGregor DC. USA (National CC).
- The Effect of Chiropractic Treatment on Pregnancy and Labor: A Comprehensive Study Joan M. Fallon DC. USA (private practice).

(continued - see over)

SPECIAL INTEREST

- | | | |
|---|--|---------------------------------|
| • Chiropractic as a University Discipline | Rod Bonello DC BSc. | Australia, (Macquarie U.). |
| • The Use of Hypnosis Applied Adjunctively to Spinal Manipulation for Pain Control within the Chiropractic Practice | Jan M. Burte PhD, Wayne D. Burte DC. | USA (New York CC). |
| • Do Chiropractors and Rheumatologists have the Same Image of Chronic Low Back Pain Patients (CLBPP) | Jean Robert DC, Eliane Perrin PhD, Christine Cedraschi MA, Etienne Roux MD, Colette Degive, Ruby Besozzi, Sarah Grimm. | Switzerland (private practice). |
| • A Study of the Chiropractic Patient: Population of Saskatoon | Glynn Till DC, Silvano A. Mior, Marion McGregor DC. | Canada (U Saskatoon). |
| • Philosophy and Enthusiasm: Dealing with the Untestable Components | Robert D. Mootz DC. | USA (Palmer-West CC). |
| • Dansk Kiropraktor Kursus: an Historical Perspective and Overview of the Danish Chiropractic School | Inger H. Simonsen DC, Marshall N. Deltoff DC, Kirsten K. Johansen DC. | Canada (CMCC). |
| • Proposal for Establishing Structure and Process in the Development of Implicit Chiropractic Standards of Care and Practice Guidelines | Daniel T. Hansen DC, William C. Meeker DC, Reed Phillips DC PhD. | USA (private practice). |
| • Differentiation Between Cognitive and Sensory: Contributions in Palpation | Charles A. Lantz DC PhD, Manola Tdjera, Jim England, Ron Upton. | USA (Life West CC). |

Professional Notes: *continued from page 1*

injections, back school, exercise physiology, functional restoration or the West Point System for low back exercises. Other lectures and workshops address issues of psychology, psychiatry and the role of faith in healing.

• **WFC Symposium** - lectures from leading chiropractic and medical researchers worldwide on subjects central to chiropractic practice - such as the physiological effects of nerve root compression, somatovisceral reflexes, cervicogenic headache, the reliability of different diagnostic measures in chiropractic practice, and review of current research on the biomechanical effects of a spinal adjustment.

• The WFC research competition has drawn over 90 papers from Asia, Australia, Europe and North America described by Scott Haldeman, DC MD Ph.D., Chairman, WFC Research Council as "... in terms of relevance and scientific merit, research which is the equal of that submitted to any health science meeting I have attended."

32 papers (for titles - see over) have been selected for platform presentation during the Symposium, another 35 for poster presentation. There is much work of immediate clinical importance - including a new Canadian trial

comparing chiropractic manipulation and medical mobilization (muscle energy techniques) in the management of neck pain and finding superior results for those patients receiving chiropractic manipulation. (This, the first controlled trial comparing manipulation and mobilization techniques for the cervical spine, is by Art Lopes DC, David Cassidy DC, Ken Yong-Hing MD, University Hospital, Saskatoon, Canada).

User Friendly - audiotapes available

Chiropractors can choose to attend the full academic and clinical program (4 days) or just the weekend WFC Symposium (2 days). Either way a meeting of this quality can become an embarrassment of riches - how can you record, retrieve, and later use much of the information received?

The Congress has been designed to be user friendly in that:

- To aid concentration no individual presentation is longer than 20 minutes.
- Written handout materials delivered at registration include summaries of every presentation and abstracts of research.
- Every session is audiotaped and available on audiotapes for sale at the meeting within 15 minutes of conclusion of the session.

WFC Congress - Flow Chart

This Congress is the biennial meeting of the World Federation of Chiropractic, the members of which are national associations of chiropractors worldwide, and it involves business and academic/clinical meetings. All DCs registered for the academic program are welcome to attend the WFC Assembly as observers.

- | | |
|-------------------------------|--|
| Monday April 29: | <i>WFC Council</i>
The meeting of the Board of Directors. |
| Tuesday April 30 | <i>WFC Assembly.</i> Attended by delegates of member associations and including reports on chiropractic in each country worldwide. Open to all DCs registered for academic program - as observers. |
| Wednesday May 1 | |
| Wednesday evening | WFC Cocktails Reception - open to all. |
| Thursday May 2 | <i>American Back Society Symposium.</i> Multi-disciplinary program of lectures and workshops. |
| Friday May 3 | |
| Thursday evening | ABS Cocktails Reception - open to all. |
| Friday evening | Gala performance of Phantom of the Opera. Tickets must be pre-booked. |
| Saturday May 4 | <i>World Federation of Chiropractic Symposium.</i> |
| Sunday May 5 | One and a half day program of lectures and presentation of summaries of best current research internationally. (For details of 32 successful research entries - see over). |
| Registration options - | 2-day or 4-day programs. (For details, see Congress program mailed with this issue of the Report). |

NEW BOOKS

'Risk Management in Chiropractic'

Campbell LK, Ladenheim CJ, Sherman RP and Sportelli L, Health Services Publications Ltd., Fincastle Virginia (1990).

Risk management, and related legal issues are central matters in modern health care practice. The problem for chiropractors has been how to get informed, accessible information in this area, thus the interest of this informed and accessible new text. Authors are Lewis Campbell JD and Jacob Ladenheim JD, experienced litigation lawyers who have taken chiropractic suits to the US Supreme Court and co-founded the publication *Chiropractic Legal Update*, Robert Sherman JD, a former Assistant Attorney-General for the State of Ohio, who has served as Executive Director and General Counsel for the Ohio State Chiropractic Association since 1984, and prominent chiropractic leader Dr. Louis Sportelli. With precise text and case study examples this book reviews:

- Legal Duties
- How to handle specific problem patients
- Protection strategies - in records, consents, other office procedures, referrals, insurance relationships and special fields such as sports practice.
- Trial process and expert witness - including sample cross-examinations, illustrating common pitfalls to avoid.

9. Much of the apprehension about guidelines, rightly enough, comes from experience of 'cookbook guidelines' imposed by others. Sound guidelines, which offer more benefit than restriction, are specific but do not set up artificial and absolute indications for and levels of diagnosis and treatment. They:

- Provide a suggested range
- Allow for exceptions
- Provide that, when an individual case falls outside the range in the guidelines, this leads to a practical and appropriate review of the case, not an automatic assumption of inappropriateness.

D. How guidelines are established

10. Methods of developing practice guidelines have been discussed in detail in a number of recent papers.^{7,8,9} In essence sound method requires a structured combination of two processes:

- a) Review and evaluation of the available research literature.
- b) Submission of this scientific evidence to a representative panel of clinical experts. (Judgement based on sound clinical experience is as important as hard scientific evidence).

The fusion of research evidence and experienced clinical opinion produces acceptable practice guidelines.

11. How does one best achieve a reliable consensus of expert clinical opinion? This question, important in industry, social service, education and government organization as well as health care, has been studied in depth and is well summarized in a health care context by Fink Ph.D et al in 'Consensus Methods: Characteristics and Guidelines for Use'.⁹

Two basic methods are:

a) Delphi method

Selected experts are polled individually by questionnaire. Answers, given anonymously, are tabulated then reported back to the experts for a second 'round' of comment and response. Usually there are three or four rounds before there is sufficient convergence of opinion to produce a consensus statement.

Advantages include strong input of each expert, flexibility, and no cost restraint on selection of experts because of use of mail rather than meetings. Disadvantages include design problems with questionnaires, fatigue and administrative failure after the first round, and lack of personal contact and open debate.

b) Nominal group method

Selected experts attend a structured meeting. At the meeting they first, without discussion, list their own ideas on the topic in question. Then they individually report to the group. All ideas are recorded then evaluated in open discussion. Then each participant, privately in writing, ranks all the ideas that have been discussed. A consensus emerges.

Success depends on skilled leadership and willingness of experts to accept a highly structured process. Leaders must be accepted as objective and disinterested on the topic at hand, yet having expertise accepted by all.

12. It is now seen as desirable to combine these two consensus methods in what is known as the Modified Delphi process. This is the process being adopted for the 1992 chiropractic Practice Guidelines Conference described below.

E. Practice Guidelines Conference - California, February 1992

13. This project is designed to produce a comprehensive practice guidelines document for the chiropractic profession in North America next February.

Such an ambitious goal demands more consensus and unity than ever seen before. The Conference has that unity (see para 3 for partial list of sponsoring organizations).

14. The Steering Committee planning the Conference comprises:

- Scott Haldeman, DC MD Ph.D., Chairman
- Donald Petersen, Lay Representative
- David Chapman-Smith, Legal Counsel
- Alan Adams DC MPH
- Gerard Clum DC
- Daniel Hansen DC
- William Meeker DC MPH
- Reed Phillips DC Ph.D.
- John Triano DC Ph.D.

All chiropractic representatives have expertise in the area of practice guidelines. Haldeman, also a neurologist, is currently active in establishing neurology guidelines in the United States. As a former President of the North American Spine Society he has played a prominent role in consensus meetings on topics of medical spinal care.

Hansen, a private practitioner from Washington, chaired the committee that developed practice guidelines in that state in 1988. Meeker, Director of Research at Palmer-West, is President of the Consortium for Chiropractic Research (CCR) which has been working with the RAND Corporation on a number of chiropractic practice guidelines projects. Adams has been a consultant to CCR for those projects.

Steering Committee members also represent a good cross-section of the profession. Clum is President of Life Chiropractic College West and Vice-President of the International Chiropractors' Association. Phillips is Acting President of the Los Angeles College of Chiropractic, Triano the senior researcher at the National College of Chiropractic, Chicago.

15. At a meeting in Los Angeles held January 26-27, 1991 the Steering Committee made these decisions on process:

- a) This consensus project should be carried out by 30 people:
 - All chiropractors
 - 10 each from private practice, research and institutions

Table 2

Consensus Conference - Time Line and Method

March 1, 1991	Committee captain agreements completed and returned
May 3, 1991	Committee captains, having completed outline with references for their respective topics, meet with Steering Committee at World Chiropractic Congress, Toronto.
August 1, 1991	First draft guidelines prepared by each Committee captain and mailed to at least two experts for review.
October 1, 1991	Following review of expert input, second draft guidelines completed and sent to Committee members for each topic.
January 1, 1992	Following Committee input, third draft guidelines on each topic sent to Committee and all 30 consensus conference participants.
February 1, 1992	Deadline for pre-conference input.
February 11, 1992	Conference begins. Each Committee meets to develop fourth draft guidelines, which are then presented by Committee captains to full conference for discussion and vote.
February 16, 1992	Completed practice guidelines document published as meeting ends.

(meaning professional associations or educational institutions - some of these DCs will also be private practitioners).

- The 30 will be representative in all ways - e.g. age, sex, geographical distribution, educational and practice backgrounds, etc.

A list of appropriate individuals has been established and will be made public when acceptances are complete.

b) Guidelines will be established in the following 15 areas:

<i>Initial patient evaluation</i>	Frequency of care
History and Physical Examination	Reassessment
X-ray and other imaging	Record keeping
Instrumentation	<i>Outcomes</i>
Clinical laboratory	Outcome assessment
Record keeping and patient consent	Collaborative care
<i>Case Management</i>	Management of complications
Clinical impression	Maintenance, prevention and supportive care
Modes of care	Professional development

c) A committee of 6 will work on each topic led by a captain with acknowledged expertise. (This means that half the participants - 15 - will captain a committee and all participants will serve on 3 committees).

d) A Modified Delphi method of setting practice guidelines will be used. This method, described more fully in Table 2, will involve:

- Expert review of and comment on the published research by the Committee captain.
- Review of the captain's summary of research by outside experts.
- Following that, submission of first draft guidelines on each topic to committees.
- Two rounds of committee input and modification prior to the consensus conference in February 1992.
- At the conference, consensus meetings at two levels:

- At the Committee level (6 people) producing the final draft recommended guidelines to the full consensus group.

- Consensus group (30 people)

e) There will be sufficient administrative and secretarial support for the final practice guidelines document - containing 15 topic chapters and overall 150-200 pages - to be completed before the conference disperses.

16. It is the very nature of such a project that the consensus document produced cannot then be amended by individual chiropractors or groups of chiropractors. Over time it will require constant review and change, but this will again be by the duly appointed representatives of the profession at large on the basis of new research evidence and consensus group decision.

17. The importance of this new Practice Guidelines Conference will be apparent. The document it produces will have major impact. It will be acquired and used by all chiropractic professional and educational institutions, by most individual chiropractors, and by most private and government organizations that deal with the chiropractic profession - including all third party payors. What will each topic chapter (e.g. 'Xray and Other Imaging'; 'Frequency of Care') contain? Standard format is:

- Introduction
- List of sub-topics
- Literature review - summary of sources searched, major papers, other evidence, assessment criteria.
- List of recommendations for each sub-topic - identifying procedures that are necessary, sufficient, discretionary, customary, appropriate, indicated, contra-indicated, etc.
- References
- Definitions
- Acknowledgements

18. It is not hard to find examples of why the public and third party payors are concerned about the quality of health care and champing at the bit of control. Turning our attention to the other side of the Atlantic:

• When clinical guidelines and a weekly review of medical records were introduced into a medical unit of a British teaching hospital to promote more discriminating use of laboratory tests, there was an immediate 64% reduction in the average weekly number of blood and biochemical tests with no apparent compromised patient health.¹⁰

• At another British hospital a recent survey of 420 consecutive patients seen in the orthopaedic clinic, revealed that 89% of those xrayed in general practice received unnecessary repeat xray examination on arriving at the hospital.¹¹

19. In the 1990s all health professionals need to become knowledgeable about practice guidelines, and participate in their development and use. The alternatives are not appetizing.

The widespread support for the California Practice Guidelines Conference shows that the chiropractic profession in general appreciates that need - do you?

References

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