



Professional Notes

A New Level of Acceptance

Back Pain Video and Workbook from TimeLife Medical, Patient Education Media Inc. US\$19.95.

A new TimeLife Medical video titled *Back Pain*, hosted by former US Surgeon General Dr. Everett Koop and telling the public how to deal with back pain, explains that chiropractors have a primary role. This represents a level of mainstream endorsement not seen before and can be expected to have a significant market impact.

The 30 minute video, available at pharmacies throughout the US now but not yet available in Canada and other countries, is one of 30 titles in a major new health care video series. Features of the title on back pain are:

- The video, and its accompanying Personal Workbook, have four sections - anatomy and understanding the diagnosis, what happens next, treatment and management, common questions and answers.
- The two experts who dominate the program, each appearing four times, are Dr. Richard Deyo, internist from the

continued on page 6

THE CHIROPRACTIC REPORT

An international review of professional and research issues, published bimonthly
Editor: David Chapman-Smith, LL.B. (Hons.), FICC (Hon.) May 1996 Vol. 10 No. 3

The Chiropractic World

A. Introduction

1. The challenges of daily practice, and the continuing barriers still faced by many patients seeking chiropractic care, can sometimes obscure the big picture. This picture, the rapidly expanding international acceptance and use of chiropractic services, should be a source of inspiration and pride to all chiropractors. International developments, and the now influential role of the World Federation of Chiropractic (WFC), are the subjects of this Report.

2. Would you be surprised to know:

a) In England, when the British Chiropractic Association recently held a news conference to launch a campaign for general medical practitioners (GPs) for increased understanding and use of chiropractic services, Sir Terrence English, President of the British Medical Association, attended to speak in support of the campaign. The news conference was held at the offices of the Royal College of General Practitioners in London. There are now over 1000 chiropractors in the UK.

b) New Zealand chiropractic students, who were once educated at North American colleges, and more recently attended the two university-based programs in Australia, now have their own educational program affiliated with Auckland University. In the past three years there have also been new university-based chiropractic colleges in Canada (Université de Québec), Denmark (University of Odense) and Japan (RMIT University, Tokyo Campus). Within the next year Mexico will open the first Spanish speaking chiropractic school (Simon Bolivar University, Mexico City), and the first program on mainland Asia will commence in Malaysia (RMIT University, Penang Campus).

c) The number of chiropractors in The

Netherlands has doubled from 50 to 100 during the past five years. Last year there was a 20% increase in the number of chiropractors in Israel - from 40 to 50 - and the profession is now established in Lebanon, Saudi Arabia and Turkey.

d) In Canada, where there are now over 4,500 chiropractors, the English-speaking school is the Canadian Memorial Chiropractic College in Toronto. CMCC admits 150 students each year. After the first cut the CMCC Admissions Office is presently faced with 700 fully qualified applicants for the year commencing September 1996 - all university graduates competing to enter the chiropractic profession.

e) The World Federation of Chiropractic (WFC), more fully described in the enclosed new brochure, now has member associations in over 60 countries and is in formal working relations with the World Health Organization (WHO) as an NGO (non-governmental organization). A WHO text to be titled *Chiropractic Methods in the Prevention and Management of Neuromusculoskeletal Disorders in Occupational Health*, a joint WHO/WFC project with contributions from many prominent chiropractic and medical experts and edited by Dr. John Triano from the Texas Back Institute, will be published in early 1997.

Last November Dr. Andries Kleynhans, Head, Department of Chiropractic, Faculty of Biomedical and Health Sciences, RMIT University, Melbourne, Australia, represented the WFC at a WHO Traditional Health Care Summit in Beijing, and has now prepared a chapter on chiropractic for a new WHO text on traditional medicine. In July 1996 the WFC presents a paper titled *Legislative Approaches to the Regulation of the Chiropractic Profession* at the 11th World Congress on Medical Law at Sun City, South Africa, a meeting co-sponsored by WHO and the World

continued on page 2

International Meetings: FCER's International Conference on Spinal Manipulation, October 17 - 19, 1996, Bournemouth, England. Contact: Emma Davis, FCER, 1701 Clarendon Boulevard, Arlington, VA 22209 U.S.A. Tel: 703-276-7445. World Federation of Chiropractic, Cervical Spine Symposium and World Congress, June 4-8, 1997, Tokyo, Japan. Contact: Maria Patino WFC, 3080 Yonge Street, Suite 3002, Toronto, Ontario, Canada M4N 3N1, Tel: 416-484-9601, Fax: 416-484-9665.

Association for Medical Law, and to be attended by Ministry of Health officials and lawyers from over 40 countries.

f) Do you want to visit Japan and what are you doing next June? From June 6-8, 1997 the WFC and WHO, in conjunction with the Chiropractic Council of Japan and the Chiropractic Federation of Japan, present an outstanding interdisciplinary Cervical Spine Symposium as part of the 1997 World Chiropractic Congress. See Figure 1 for details. Registration and hotel costs are being subsidized for registrants outside Japan. This is your chance to see Japan and a cutting edge program on an affordable and tax deductible basis.

David Cassidy DC PhD (whiplash injuries), Niels Nilsson DC MD MSc from Denmark (cervicogenic headache) and Åke Nygren MD DDS PhD from Sweden (whiplash injuries) will present results of major clinical trials presently underway.

g) In the US a new level of acceptance of chiropractic services is demonstrated by the Time Life Medical video *Back Pain*, discussed more fully under Professional Notes (see pg. 1).

3. This month Dr. Efstathios Papadopoulos, President, Cyprus Chiropractic Association, and his colleagues welcome the WFC, which will hold its annual Council meeting there, to their beautiful and historical Mediterranean island home, birthplace of Aphrodite. Dr. Papadopoulos, a Palmer graduate and the Eastern Mediterranean Region representative on the WFC Council, is one of many new international leaders in the profession.

His persistence led to the official recognition of chiropractic in Cyprus in the 1991 Chiropractic Act, and he has recently worked successfully for the merger of the two associations in Greece into a united Ellenic Chiropractic Association. ECA President is Dr. Neoklis Yiassemides of Athens. Yes, the United States and Japan are now the only two countries in the world with di-

vided leadership and competing national associations of chiropractors.

This Report now looks at major issues to be discussed by the WFC Council meeting in Cyprus which affect all chiropractors, namely:

- a) Model chiropractic legislation.
- b) International standards of education. Currently new chiropractic programs are being planned in countries as diverse as Brazil, China, Malaysia and Mexico - what standards should apply?
- c) Whether chiropractic is alternative or complementary or mainstream or all of these things.

B. Model Chiropractic Legislation

4. Much present chiropractic legislation is out of date and in need of review. Governments of countries without legislation, most recently Croatia and Trinidad and Tobago, are increasingly turning to the WFC for advice. So are pioneering chiropractors in countries such as Peru, Hungary, Slovakia and the Ukraine.

What standards should the profession seek? These are the issues addressed in the WFC's paper to be presented at the WHO's World Congress on Medical Law in South Africa in July. Important conclusions in the WFC paper include:

- a) **Self-regulation.** Chiropractic practice is, and should be regulated as, a separate and distinct discipline with self-regulation under a licensing board which has a majority of chiropractors. Other board members should include lay representation, and may include medical or government representation. These principles are uncontroversial and have been accepted, for example, by the British Medical Association in its study of chiropractic in the early 1990s¹ and are found in the 1994 UK Chiropractors' Act.
- b) **Scope of Practice.** This can appear in the act or statute, as is standard in the US and Canada, or be undefined as for

example in Australia, Hong Kong, Mexico, New Zealand, South Africa and the UK. Where scope is undefined, the statute simply protects title, making it an offence for others to hold themselves out as chiropractors by name or by claiming to use chiropractic methods of care. Scope of practice is defined by the regulatory body in regulations or policy.

Leaving scope to the licensing body has a number of advantages. Firstly, trying to define scope of practice in a statute usually leads to an inappropriate compromise, as is apparent from the many inconsistent definitions in the 50 state laws in the US. Secondly, leaving scope to regulation or policy gives more flexibility for amendment over time.

Some US state definitions are so wide that they amount in substance to leaving scope to the regulatory body. In California the practice of chiropractic is "all methods taught in approved chiropractic colleges" and the definition found in the Illinois law is "the treatment of human ailments without the use of drugs and without operative surgery."² If the government requires a scope of practice statement then, the WFC paper argues, it is best to have general statements such as these.

However it is dealt with legally, the scope of practice of chiropractic should have certain standard features in every jurisdiction including:

- i) Primary care with the right and duty to diagnose
 - ii) Right to order, perform and interpret appropriate diagnostic imaging services.
 - iii) Exclusion of the use of prescription drugs and surgery.
- c) **Education.** In Australia, New Zealand, Europe and North America chiropractic schools, some of which are within the university system and some of which are private, are accredited by na-

continued on page 3

Editorial Board. **United States:** Peter Gale, DC, Chiropractor, Boston Massachusetts, Scott Haldeman, DC, MD, PhD, Neurologist, Santa Ana, California. Reginald Hug, DC, Chiropractor, Birmingham, Alabama. Dana Lawrence, DC, Chiropractor, Chicago, Illinois. Michael Pedigo, DC, Chiropractor, San Leandro, California. Louis Sportelli, DC, Chiropractor, Palmerton, Pennsylvania. Aubrey Swartz, MD, Orthopedic Surgeon, Oakland, California. **Canada:** J. David Cassidy, DC, PhD, Chiropractor, Saskatoon, Saskatchewan. Donald J. Henderson, DC, B.Sc., FCCS, DACBR Chiropractor, Toronto, Ontario. William Kirkaldy-Willis, MD, FRCS(C), Orthopedic Surgeon, Victoria, British Columbia. **Europe:** Arne Christensen, DC, FICC, Chiropractor, Odense, Denmark. **Australia:** Miriam A. Minty, DC, Chiropractor, Perth, W.A. Lindsay Rowe, M.D., B.App.Sc.(Chiro), DACBR, Chiropractic and Medical Radiologist, Newcastle, New South Wales.

The Chiropractic Report is published by Fumia Publications Inc. You are welcome to use extracts from this Report. Kindly acknowledge the source. However neither the complete Report nor the majority or whole of the leading article may be reproduced in any form whatsoever without written permission. **Subscriptions: for rates and order form see page 6.** Subscriptions are for the year commencing January. All subscriptions and changes of mailing instructions should be sent to The Chiropractic Report, 3080 Yonge Street, Suite 3002, Toronto, Ontario, Canada M4N 3N1 Tel: (416) 484-9601, Fax: (416) 484-9665. Printed by Harmony Printing Limited, 123 Eastside Drive, Toronto, Ontario, Canada M8Z 5S5. Canada Post Sales Agreement No. 389579. Copyright © 1996 Fumia Publications Inc. ISSN 0836-1444.

Figure 1

1997 World Chiropractic Congress, Tokyo, Japan
Scientific Symposium on The Cervical Spine
June 6-8, 1997, Tokyo International Forum, Tokyo

Co-Sponsored by
World Federation of Chiropractic, The Chiropractic Council of Japan
The World Health Organization

Friday, June 6 9:00 to 10:30 a.m.

12 Original Research Presentations

Concurrently: FICS Sports Chiropractic Seminar: Part I

11:00 a.m. to 1:00 p.m.

Opening Ceremony

John Sweaney, DC - President, WFC

Minister of Health

Mikhail Mikheev, MD - CMO, Office of Occupational Health, WHO

Cervical Spine Management: State-of-the-Art. David Cassidy, DC PhD* (Canada), Director of Research, Division of Orthopaedics, Royal University Hospital, University of Saskatchewan, Canada

Manipulation for Headache - The Clinical Trials. Niels Nilsson, DC MD MSc* (Denmark), Departments of Physiology and Biomechanics, University of Odense, Denmark.

Manipulation for Neck Pain - The Clinical Trials. Howard Vernon, DC FCCS* (Canada), Associate Dean of Research, Canadian Memorial Chiropractic College, Toronto, Canada.

2:00 to 3:30 p.m.

Anatomy, Philip Bolton, DC PhD* (Australia), Department of Human Physiology, University of Newcastle, Australia

Neurophysiology. Akio Sato, MD PhD* (Japan) Director, Department of Physiology, Tokyo Metropolitan Institute of Gerontology, Japan.

Diagnosis, Jiri Dvorák, MD* (Switzerland), Director, Spine Unit, Schulthess Hospital, Zurich, Switzerland

Complications, Scott Haldeman, DC MD PhD* (United States), Clinical Professor, Department of Neurology, University of California, Irvine.

Concurrently: FICS Seminar: Part II

4:00 to 5:00 p.m.

8 original research presentations

Concurrently: FICS Seminar: Part III

Saturday, June 7 8:30 to 10:30 a.m.

When to Refer for Specialty Examinations, Masamitsu Oshima, MD* (Japan) - Department of Orthopaedics, University of Tokyo, Japan.

Imaging. Terry Yochum, DC DACBR (United States), Director, Rocky Mountain Radiological Center, Denver, United States.

Multidisciplinary Management. John Triano, MA DC* (United States), Texas Back Institute, Dallas, United States.

History of Chiropractic - In Japan and Internationally. A Japanese chiropractor - TBA.

10:30 a.m. to 12:00 noon

12 original research presentations

LUNCHEON

1:30 to 5:00 p.m.

4 concurrent Technique Workshops

Cervical Biomechanics and Adjustmen, Thomas F. Bergmann, DC*

Sports Chiropractic, Steven Horwitz, DC

McKenzie Methods, Robin McKenzie, PT

Motion-assisted Adjustment, John Triano,* MA DC

*Confirmed Speakers

(continued on next page)

Main Article: continued from page 2

tional and international accrediting agencies. Legislation in these jurisdictions requires graduation from an accredited program as a prerequisite for registration or licensure.

The position is more complex in countries introducing chiropractic legislation for the first time. The WFC paper suggests that three features of the law in such countries should be:

i) Grandparenting of all those who have practised chiropractic responsibly for a reasonable period of time. (The UK Chiropractors' Act 1994 grandparented persons who satisfy the registrar that, for five years during the past seven years, "(they have) spent a substantial part of (their) working time in the lawful, safe and competent practice of chiropractic".)

ii) A basic standard for newer practitioners of graduation from a school recognized by the regulatory body. Such schools should have CCE equivalent standards.

iii) A discretion for the regulatory body to accept graduates of other schools, subject to the right to make conditions as to practice and further education.

5. Five years ago countries considering chiropractic legislation routinely sought policy advice from the WHO, which had no input from the chiropractic profession and viewed chiropractic through a medical lens. It is a major advance that WHO is now working with the WFC as a source of expertise on chiropractic legislation, and governments are increasingly seeking advice from the WFC through the relevant national associations of chiropractors.

Within the next year the WFC plans to have model proposals on all aspects of chiropractic legislation. Countries that presently have legislation to regulate the practice of chiropractic are given in Figure 2.

C. International Standards of Education

6. This subject, debated at length at the WFC's 1993 Assembly in London and 1995 Assembly in Washington DC, is a complex and challenging one. It is easy for countries in Europe and North America that have established accrediting agencies - the standards of the US Council

continued on page 4

Figure 1: continued from page 3

Sunday, June 8 9:00 a.m. to 12:00 noon

3 concurrent Technique Workshops

Temporomandibular Joint (TMJ), Joseph F. Unger, Jr. DC*
Lumbar Biomechanics and Adjustment, Thomas F. Bergmann, DC*
Gonstead, J. Richard Burns, DC*

LUNCHEON

1:00 to 2:00 p.m.

Closing Ceremony

Minister of Health
Original Research Awards

Current Cervical Spine Research, Åke Nygren, MD DDS PhD,*
Director, Karolinska Institute for Clinical Neuroscience, Stockholm,
Sweden

Notes:

- There will be simultaneous translation in Japanese and English.
- Registration and accommodation costs are being subsidized for international registrants.
- This is an exceptional program and the best opportunity of your life to visit Japan.

For registration information and the Call for Papers contact:

1997 Congress, World Federation of Chiropractic
3080 Yonge Street, Suite 3002
Toronto, Ontario, Canada M4N 3N1
Tel: 416-484-9978 Fax: 416-484-9665

Main Article: continued from page 3

on Chiropractic Education (CCE) and its sister agencies apply. But what about countries such as Hong Kong, Malaysia and Thailand or Brazil and Peru? These countries only have small numbers of chiropractors from accredited colleges. For various practical reasons, and as in medical education, it is unrealistic to expect them to establish internationally accredited programs from the outset, and chiropractic services will only be available if innovative alternatives are adopted. What will these be?

Local conditions are different in each country. As a practical example look at Japan where:

- There are approximately 60 chiropractors educated at accredited North American colleges. They practise legally, but with no legal recognition.
- There are approximately 10,000 other 'chiropractors'. Many are members of other recognized healing professions in Japan (e.g. judo bonesetters, masseur/pressure therapists, acupuncture/moxibustion therapists) who have two years education in their basic discipline then add six or twelve months at a Japanese chiropractic college. They have more professional and political recognition than the chiropractors with an accredited education.
- If the WFC, representing the mainstream chiropractic profession, was to insist that any recognized school in Japan should have a minimum of five years and satisfy CCE requirements no such school would ever open. It would offer no incentive to students, who can get more recognition and equivalent rights of practice in programs totalling three years.

d) This is why RMIT University in Australia, which offers a five year accredited chiropractic program in Melbourne, has collaborated with the Japanese Chiropractic Association on a three year RMIT program in Tokyo which opened in April 1995. This program represents a major advance in educational standards in Japan, and within 10 years the program will be expanded to six years for qualified high school graduates which will meet CCE standards.

7. At the 1995 WFC Assembly in Washington DC the WFC's Committee on Education presented a draft International Charter on the Introduction of Chiropractic Education which appears in Figure 3. This charter, which is still under discussion and not yet policy, has these three essential features:

- Where chiropractic education is first introduced in a country the goal from the beginning should be internationally accepted standards.
- However local requirements, which must be respected, may dictate stages of development.
- Whatever the local conditions, chiropractic education must be led by fully qualified chiropractors and produce "practitioners who are competent to practise at a primary contact level acceptable within the existing local context." (*Para 1.*)

D. Alternative v Mainstream

8. There are significant arguments for chiropractic being seen as mainstream (higher level of acceptance, greater integration with other health care services, retaining market leadership in spinal adjustment in an era when spinal manipulation is becoming mainstream) or alternative (recent surveys in the US³ and Australia⁴ show a public disaffected with medical services make huge use of alternative services, defined as including chiropractic services). In 1994 the WFC Council saw this

continued on page 5

Figure 2

Countries with Chiropractic Legislation

Africa

Botswana
Lesotho
Namibia
Nigeria
South Africa
Swaziland
Zimbabwe

Asia

Hong Kong

Eastern Mediterranean

Cyprus
Saudi Arabia

Europe

Denmark
Iceland
Liechtenstein
Norway

Sweden

Switzerland - all cantons
United Kingdom (Britain)

Latin America

Mexico
Panama
Venezuela

North America

Barbados
Canada - all provinces
St. Christopher & Nevis
United States - all states

Pacific Region

Australia - all states
New Zealand
Vanuatu

Chiropractic practice is legal in many other countries pursuant to general health legislation (e.g. Germany), judicial decisions (e.g. Brazil and Greece) or common law rights (most other countries).

as an important policy issue on which it would be best for chiropractic to have a uniform position worldwide, and it invited debate at the 1995 Assembly. The Danish Chiropractors' Association presented the following resolution:

WHEREAS there is increasing use of the term *alternative* in the description of health care professions.

AND WHEREAS this term is often used to suggest that alterna-

tive medicine or health care is not as accepted or based on scientific principles or mainstream as is modern medical practice.

AND WHEREAS the chiropractic profession is sometimes referred to as an *alternative* profession, notwithstanding the fact that it is based on the same anatomical and physiological sciences as is modern medical practice, and is fully integrated by legislation into the health care systems of many countries throughout the world.

AND WHEREAS there is sound scientific evidence or commonly accepted clinical experience supporting the safety and effectiveness of chiropractic treatments, including joint adjustment or manipulation, so that these treatments must now properly be viewed as conventional and accepted rather than *alternative* and unproven.

NOW THEREFORE IT IS RESOLVED that it is inappropriate to refer to the chiropractic profession as an alternative profession and to refer to chiropractic as an alternative therapy, and the member associations of the World Federation of Chiropractic should take all appropriate steps to (see) that officers, members and staff act in such a manner (that the chiropractic profession is not as an alternative but as) a mainstream profession, the services of which are integral to a successful, modern health care system.

The Assembly asked the WFC to consult with member associations before establishing policy.

9. During the past six months the WFC has completed a formal membership survey with these results:

a) There were replies from 24 countries. This was a modest response rate (40%) but there was a good cross section of world regions and sizes of associations.

b) In most countries chiropractors view themselves as mainstream, the public is undecided on whether chiropractic services are mainstream or alternative, and governments still tend to view them as alternative.

c) It was the virtually unanimous view of respondent associations that the WFC should have policy in this area, and that the DCA resolution should form the basis of that policy.

E. Conclusion

10. Three things have been constant in chiropractic since its birth last century - controversy, patient satisfaction and growth - not a bad mixture. During the last year:

a) At one end of the spectrum, chiropractors have still faced courts defending their right to practise - in France (where fines are paid to the local medical association for lost income not to the government), Korea and Peru.

b) At the other end of the spectrum - 101 years ago did D.D. Palmer ever dream of the day - millions of dollars of US federal funds are finally flowing to chiropractic research. The Federal Department of Health and Human Services is funding a multi-disciplinary workshop to be held July 12-14, 1996 in Washington DC titled *A National Workshop to Develop the Chiropractic Research Agenda*. The project will be led by Dr. William Meeker, Director of Research, Palmer Colleges and a

Figure 3

PROPOSED INTERNATIONAL CHARTER ADDRESSING THE INTRODUCTION OF CHIROPRACTIC EDUCATION

1. Every country has the right to quality chiropractic education which has as its outcome, practitioners who are competent to practise at a primary contact level acceptable within the existing local context.
2. The diversity of educational structures within, and nomenclature used by, different countries must be appreciated and respected.
3. Chiropractic education should be provided to serve and meet the needs of the local publics of a country.
4. Chiropractic programs throughout the world should aim to produce graduates who meet the professional competencies for entry level chiropractors which exist in countries with well established chiropractic education.
5. The development of chiropractic education in a country where no legislation exists, whilst having regard for existing practitioners and the local need for standardisation, should recognise the responsibility of its regional impact and desirability for meeting international standards.
6. The ultimate aim of all chiropractic educational programs introduced by an institution from one country to another should be to fully establish local university-based chiropractic education at the recognised standard for international reciprocity. This may necessitate a multi-stage development; the development of multi-level programs; or innovative models of education.
7. Chiropractic education in non-English speaking countries should preferably be introduced only when key chiropractic texts are available in the local language and may only be conducted in a language in which the prescribed chiropractic text books are available.
8. Chiropractic education should preferably be provided in the nationally acceptable language of the country or in the same language in which medical education is provided in that country.
9. First professional chiropractic programs being introduced in a country by established institutions from a foreign country should be under the local control of qualified chiropractors and academics who meet the administrative and academic requirements of the foreign institution.
10. Implementation of the curriculum should be competency-based, focus on best practice and must at all times be sensitive to local cultural and language requirements.
11. The content of the curriculum should meet the requirements for primary contact, broad diagnostic scope chiropractic practice and must be sensitive to local public needs and professional scope of practice.
12. The sovereign rights of every country need to be respected with recognition that the objective of establishing chiropractic education to enhance the appropriate acceptance of the profession may assume initial priority over the requirement that the graduate satisfy international standards.

continued on page 6

majority of the 35 participants will be chiropractors. However they will be joined by senior medical, nursing, osteopathic and physical therapy researchers from institutions such as the National Institutes of Health, AHCPR, the RAND Corporation, Michigan State University, Oregon State University, Yale University, University of Texas Health Science Center, the Iowa Spine Research Center and the University of North Carolina. A wealth of collaborative research opportunities will flow from this meeting.

11. In North America and Europe the public attack on the excessive cost of health care, through managed care concepts, has given patients new access difficulties and chiropractors new barriers to surmount. However these temporal problems can and will be overcome and should not obscure the exciting worldwide advances of the profession. As a rather good communicator from Texas has reminded chiropractors for two generations, "life is a journey not a destination". Dr. James Parker's confident predictions for chiropractic during the difficult days in the 1950s and 1960s have been proven correct, and in 1996 your chiropractic world looks better than ever.

References

1. *Complementary Medicine: New Approaches to Good Medicine*, British Medical Association, Oxford University Press, 1993, 143.
2. Official Directory, Chiropractic Licensure and Practice Statistics, Federation of Chiropractic Licensing Boards, Greeley, Colorado, 1994-95, 4 and 12.
3. Eisenberg DM, Kessler RC et al (1993) *Unconventional Medicine in the United States*, N Engl J Med 328(4):246-252.
4. MacLannen AM, Wilson DM et al (1996) *Prevalence and Cost of Alternative Medicine in Australia*, Lancet 347:569-573.

SUBSCRIPTION AND ORDER FORM
(6 bi-monthly issues) Year commences January

Check one

US and Canada (your currency)	1 year	\$ 78.00	<input type="checkbox"/>
	2 years	\$149.00	<input type="checkbox"/>
Australia	1 year	A\$ 98.00	<input type="checkbox"/>
Elsewhere	1 year	US\$ 80.00	<input type="checkbox"/>
Quebec (issues in French and English)	1 year	\$110.00	<input type="checkbox"/>

Name _____
 Address _____
 City _____ State/Prov _____
 Country _____ Postal Code/Zip _____
 Tel. No. () _____

PLEASE CHECK ONE

Visa Card Number _____
 MasterCard Exp. Date _____
 Check/Cheque Enclosed

Payable to: The Chiropractic Report
 3080 Yonge Street, Suite 3002, Box 39
 Toronto, Ontario M4N 3N1 Canada
 Tel: (416) 484-9601 Fax: (416) 484-9665

University of Washington, and Dr. Jay Triano, chiropractor from the Texas Back Institute. The video's conclusions closely follow the AHCPR Guideline on Acute Back Pain. Deyo and Triano were prominent clinicians and researchers involved with that project.

- When the video discusses treatment, the two specific approaches receiving clearest endorsement are chiropractic manipulation and back school. To quote the Workbook on what happens next when you have back pain:

"Many people turn to their family physician or internist when back pain occurs. Some find relief from other types of health care providers, such as chiropractors. Any health care professional you see will explain and discuss diagnostic tests and treatment appropriate for you"

- Under Treatment and Management the video and Workbook are cautious about rest (not more than two days) and medication (be careful of side effects, even with non-prescription drugs) and give a prominent place to spinal manipulation. The Workbook says:

"Techniques of spinal manipulation vary, but their goal is to relieve pain by applying pressure to the spine. Spinal manipulation may be done by a chiropractor or an osteopathic physician." (The video warns that you should not receive manipulation from someone without specialized education).

- Under the Workbook's Glossary of Terms chiropractors are the only professional group defined, as "licensed health care providers trained in the maintenance and restoration of health primarily through specific hands-on manipulation of the musculoskeletal system and spine." The first organization listed in the Resource Guide as a source for more information on back pain is the American Chiropractic Association.

Chiropractic has long had patient acceptance of effectiveness, and for 10 years there has been scientific acceptance. This TimeLife Medical video, which represents the first occasion in which the corporate health care world has shown chiropractic and medicine speaking as equal partners in the management of back pain and which will be widely marketed and viewed over the next few years, commences the era of mainstream acceptance.

Another example of this acceptance in the US, newly announced and discussed elsewhere in this Report (see main article para 10(b)) is the *National Workshop to Develop the Chiropractic Research Agenda* to be held in Washington DC July 12-14, 1996. This multidisciplinary workshop, funded by the US Department of Health and Human Services, will lead to greatly expanded collaborative research opportunities for the profession.

How to get your copy of the video. In the U.S. readers who wish to find pharmacies in their area carrying the TimeLife products can call the Dealer Locator number 1-800-588-9959.

Chiropractic in The Netherlands

This is the title of a recent PhD thesis by Dutch researcher Pim Assendelft MD PhD which contains sections on history and principles, a survey of the profession, and a meta analysis of the literature on effectiveness and cost-effectiveness.

It has been translated by and is available from The Netherlands Chiropractors' Association - send money order or cheque for US\$15.00 made out to: The Netherlands Chiropractors' Association, D.E. Plein 1, 8501 AB Joure, The Netherlands. Tel: 31-153-412041, Fax: 31-153-416065.