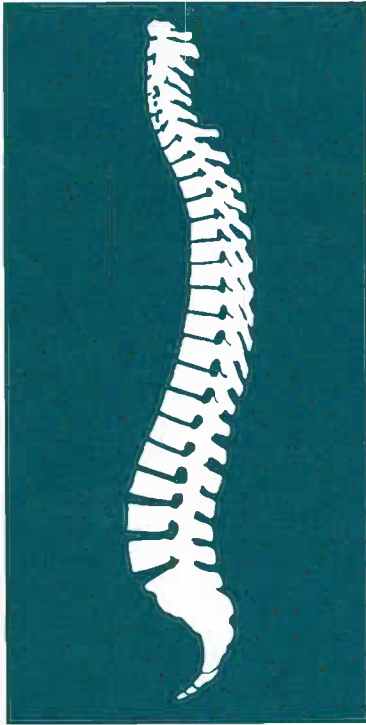


THE CHIROPRACTIC REPORT

www.chiropracticreport.com

Editor: David Chapman-Smith LL.B. (Hons.)

May 2000 Vol. 14 No. 3



PROFESSIONAL NOTES

North America

1. U.S. Military Demonstration Project.

In 1995 Congress approved a Chiropractic Health Care Demonstration Project to evaluate "the feasibility and advisability" of introduction of chiropractic health care services into the military health care system. Under this pilot project chiropractic services were provided to military personnel and their dependents at military treatment facilities at 10 bases throughout the U.S. for the four year period from August 1995 to August 1999. The project called for a final report with analysis of results and recommendations by March 2000.

This set the stage for a potent blend of science and politics—which is now before us. Two final reports were filed in March, one by Birch and Davis Associates saying that the provision of chiropractic services through the Department of Defense health facilities was feasible but not advisable, the other by Muse and Associates saying chiropractic services were both feasible and advisable. These are now with Con-

continued on page 4

INTEGRATION—ITS IMPORTANCE AND ITS CHALLENGES

International Advances in Regulation, Education, Research and Practice

"Spinal manipulation and the profession most closely associated with its use, chiropractic, have gained a legitimacy within the United States health care system that until very recently seemed unimaginable . . . In the areas of training, practice, and research, chiropractic has emerged from the periphery of the health care system and is playing an increasingly important role in discussions of health care policy."

AHCPR Research Report, U.S. Department of Health and Human Services, 1997.¹

DURING APRIL the World Federation of Chiropractic (WFC) held its annual Council meeting in Brazil and reviewed major international advances in chiropractic education, research, practice and integration into mainstream health care systems during the past year.

The meeting was held in Brazil to coincide with the first graduation ceremony for chiropractors educated in South America - 24 graduates of the school at Feevale Central University (Feevale) in Novo Hamburgo, a school developed in

association with Palmer College of Davenport. Dr. Guy Riekeman, President, Palmer College, addressing the April 8 graduation ceremony, received a standing ovation from a packed auditorium as he acknowledged the excellence of Feevale and its chiropractic graduates, and affirmed Palmer's strong commitment to the continued development and expansion of chiropractic education in South America.

This Report briefly reviews significant international developments in regulation, education, research and practice reported to the WFC. But firstly a few facts on the WFC:

a) The voting members of the WFC, which was established in 1988 at a World Chiropractic Congress in Sydney, Australia, are 70 national chiropractic associations, including both the American Chiropractic Association (ACA) and the International Chiropractors' Association (ICA) in the U.S. Many other organizations and individuals in the chiropractic profession provide financial and other support for the WFC as associate members. Corporate associate members are listed in Table 1.

Table 1: WFC Corporate Associate Members

Chiropractic Colleges:

Canadian Memorial Chiropractic Colleges
Cleveland Chiropractic College
Life Chiropractic College - West
Life University
Los Angeles College of Chiropractic
McTimoney Chiropractic College
National College of Chiropractic
Northwestern Health Sciences University
Parker College of Chiropractic
Palmer College of Chiropractic
Palmer College of Chiropractic - West
RMIT University Japan
Sherman College of Straight Chiropractic
Texas Chiropractic College

Other Organizations:

Activator Methods Inc.
Acupuncture Council of Ontario
American Chinese Chiropractic Association

Canadian Chiropractic Protective Association
Chiropractic Education of Australia Ltd.
Core Products International, Inc.
Dynamic Chiropractic
Foot Levelers, Inc.
Gonstead Clinical Studies Society
Humana Institute
Japan Spinal Adjustment Society
Japanese Chiropractic Association
Leander Health Technologies/Leader International Corporation
Marycrest International University
NCMIC Insurance Company
National Board of Chiropractic Examiners
Nippon Medical Research Corp.
Nordisk Institut for Kiropraktik Og Klinisk Biomekanik
Standard Process Inc.
Texas Back Institute



WFC Executive and Senior Staff

Seated (from left): Dr. Anthony Metcalfe, U.K., 2nd Vice-President; Dr. Bruce Vaughan, Hong Kong, President; Dr. Paul Carey, Canada, 1st Vice-President; Dr. Gerard Clum, U.S., Secretary-Treasurer; Standing (from left): Mr. David Chapman-Smith, Secretary-General; Dr. Louis Sportelli, Immediate Past-President, U.S.; Mr. Peter Waite, Deputy Secretary General.

They reflect the full spectrum of chiropractic practice.

b) The WFC Council has representatives from 7 world regions as follows—Africa: Dr. Chris Neethling, South Africa; Asia: Dr. Bruce Vaughan, Hong Kong—SAR China; Eastern Mediterranean: Dr. Efstathios Papadopoulos, Cyprus; Europe: Dr. Anthony Metcalfe, United Kingdom; Latin America: Dr. Ronald Firestone, Bolivia; North America: Dr. Paul Carey, Canada; Dr. Gerard Clum, Dr. Michael Pedigo, Dr. Louis Sportelli, Dr. Kerwin Winkler, U.S.; Pacific: Dr. John Sweaney, Australia. Following elections in Brazil the WFC Executive is as shown above.

c) The WFC was formed with seed funding from the national associations in Australia, Canada, Europe and the U.S., and specifically so that the chiropractic profession would maintain common international standards of regulation, education and practice as it expanded worldwide, and have a strong voice in the international health community.

d) Next important meetings being held by the WFC are:

• A conference on Philosophy in Chiropractic Education—Fort Lauderdale, Florida, November 11-12, 2000 (see page 5). In an era where there are now more chiropractic colleges outside the U.S. than within it, and new schools are emerging each year, this historic conference seeks to explore and define a common contem-

porary basis for philosophy in chiropractic education and practice.

• The WFC's 6th Biennial Congress—Paris, France, May 24-26, 2001. The theme for this meeting, which is combined with the annual convention of the European Chiropractors' Union, is *Vive La Chiropratique: The Science, Art and Philosophy of Chiropractic Practice from Youth to Age*.

For further details on the WFC and these meetings visit www.wfc.org, or contact the WFC secretariat at 3080 Yonge Street, Suite 5065, Toronto Ontario M4N 3N1, Canada, tel. 416-484-9978, fax 416-484-9665, e-mail: worldfed@sympatico.ca.

A. LEGAL STATUS

2. The practice of chiropractic is now regulated and recognized by law in many countries throughout the world as set forth in Table 2. The most significant advance during the past year, of major importance to the acceptance of chiropractic throughout Europe and internationally, has been the April 1999 law to recognize chiropractic in Belgium. This was possible because of the 1997 adoption of the Lannoye Report on complementary health care by the European Parliament, which represents all countries in the European Community. Relevant background is:

a) In 1990 Switzerland was the only European country with chiropractic legislation. During the 1990s eight other Euro-

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pean countries passed laws to regulate the practice of chiropractic—Belgium, Cyprus, Denmark, Finland, Liechtenstein, Norway, Sweden and the United Kingdom.

b) Notably, however, all of these other than Belgium were *common law* countries—that is countries where all activities, including the provision of health care, are legal unless restricted by legislation. (Therefore, for example, the practice of chiropractic was always legal—but unprotected—in these countries. Currently there is no chiropractic legislation, for example, in Ireland or the Netherlands—but chiropractic practice is legal because they are common law countries).

Until last year's law in Belgium, chiropractic remained technically illegal in all *civil law* countries—countries with law based on the Napoleonic code which takes the reverse approach—health care by non-physicians is illegal unless specifically authorized by law. Belgium, France, Italy, Portugal and Spain are civil law countries. In recent years there have been prosecutions of chiropractors in France and Spain.

c) European chiropractors, working through the European Chiropractors' Union which represents all national associations in Europe, were successful in getting a resolution calling for the recognition of complementary health care before the European Parliament in October 1994. This was referred for action to the parliament's Committee on the Environment, Public Health and Consumer Protection, whose Lannoye Report as adopted by the European Parliament in May 1997 noted:

- There are "two diametrically opposed" approaches to health care co-existing within the European Union. (These, in the common and civil law countries, have been explained above).

- This conflict in attitudes and legislation provides unequal treatment of European citizens.

- Certain disciplines in complementary medicine should be recognized under legislation throughout Europe—these, which include chiropractic, homeopathy, Chinese traditional medicine, naturopathy and osteopathy, are those that have met various criteria in education, practice and self-regulation.

- As up to 50% of the populations of European states are using complementary medicine, as interest and use are growing, and as "patients wish to use conventional and non-conventional forms of care in a complementary fashion", there should be a number of other developments supported by the European Parliament, including systematic funding of research.

d) It is in this context that Belgium—a civil law country—passed law to legalize the practice of chiropractic last year. This strongly indicates that the practice of chiropractic will now be recognized and regulated throughout Europe.

3. Other countries reporting to the WFC that legal steps have been taken to recognize chiropractic practice during the past year include Costa Rica (full regulation under chiropractic legislation), Iran (formal validation of the doctor of the chiropractic degree, meaning that Iran's 10 chiropractors no longer face prosecution, and the first step towards full regulation and protection of title), Lebanon (legislation approved by the Ministerial Parliament but yet to go before the general legislature), Morocco (withdrawal of litigation alleging the practice of chiropractic infringing upon the practice of medicine), and Saudi Arabia (licences granted to 6 chiropractors, including the first Saudi national Abdul Rahman Al-Hashem, DC,

Table 2: International Regulation of the Chiropractic Profession

African Region	Greece ^b	Norway ^a	North American Region
Botswana ^a	Iran ^b	Poland ^c	Bahamas ^b
Ethiopia ^b	Israel ^b	Portugal ^c	Barbados ^a
Kenya ^b	Jordan ^b	Russian Federation ^b	Belize ^b
Lesotho ^a	Lebanon ^b	Slovakia ^b	Bermuda ^b
Mauritius ^b	Libya ^b	Slovenia ^b	British Virgin Islands ^b
Namibia ^a	Morocco ^b	Spain ^d	Canada ^a
Nigeria ^a	Qatar ^b	Sweden ^a	Cayman Islands ^a
South Africa ^a	Saudi Arabia ^a	Switzerland ^a	Jamaica ^b
Swaziland ^a	Turkey ^b	United Kingdom ^a	Leeward Islands ^a
Zimbabwe ^a	United Arab Emirates ^b		Puerto Rico ^a
		Latin American Region	Trinidad & Tobago ^b
Asian Region	European Region	Argentina ^b	United States ^a
China-Hong Kong ^a	Austria ^d	Bolivia ^b	US Virgin Islands ^a
Japan ^b	Belgium ^a	Brazil ^b	
Malaysia ^b	Croatia ^b	Chile ^b	Pacific Region
Philippines ^a	Czech Republic ^d	Colombia ^b	Australia ^a
Singapore ^b	Denmark ^a	Costa Rica ^b	Fiji ^b
Taiwan ^b	Finland ^a	Ecuador ^b	Guam ^a
Thailand ^c	France ^d	Guatemala ^b	New Caledonia ^b
	Germany ^b	Honduras ^b	New Zealand ^a
Eastern Mediterranean Region	Hungary ^d	Mexico ^a	Papua New Guinea ^b
Cyprus ^a	Iceland ^a	Panama ^a	
Egypt ^b	Ireland ^b	Peru ^b	
	Italy ^c	Venezuela ^b	
	Liechtenstein ^a		
	Netherlands ^b		

Legend:

^a Recognized pursuant to legislation.

^b Recognized pursuant to general law.

^c *De facto* recognition.

^d Practice is contrary to law

In Austria, the Czech Republic, France, Hungary and Spain spinal manipulation as defined by law includes chiropractic adjustment and is restricted to medical doctors, and chiropractors still face risk of prosecution. In most countries not listed there are no chiropractors in practice, and national health authorities have not considered recognition or lack of recognition.

More details on chiropractic practice in individual countries, including levels of third party coverage and the names of contact chiropractors found in the WFC's International Directory 2000: Available for US\$15.00 (price includes shipping) from the WFC at 3080 Yonge Street, Suite 5065, Toronto Ontario M4N 3N1, Canada, tel. 416-484-9978, fax 416-484-9665, e-mail: worldfed@sympatico.ca.

who practises at the King Faisal Hospital, Riyadh).

The many countries in which there are current negotiations between governments and the profession for legal recognition include Croatia, Dominica (in the Caribbean), Egypt, Israel, Italy, Peru, Thailand and Trinidad & Tobago.

B. CHIROPRACTIC EDUCATION

4. If chiropractors are to maintain their current prominence in the field of spinal manipulation they must continue to lead in the areas of education and research. Quite simply, to have the necessary funding and opportunities to do this in the contemporary health care world much chiropractic education and research must take place within the university system.

Internationally leaders in the profession have appreciated this during the past generation. As a result most new chiropractic

programs have been within the university system. Major developments in the past year include:

a) Commencement of a second chiropractic school in Brazil in February 2000 at the Anhembí Morumbi University in Sao Paulo. Like the first Brazilian program at Feevale already mentioned, this is at a private university with several other health sciences programs.

b) Consolidation of the new programs at the University of Glamorgan and the University of Surrey in the U.K., the University of Odense (Southern Denmark) in Denmark, and the University of Quebec in Canada, all public universities now producing their first chiropractic graduates.

c) Substantial progress towards commencement of the first U.S. school of chiropractic at a major state university—Florida State University in Miami where

continued on page 6

continued from page 1

NORTH AMERICA

gress for a final decision. In the meantime chiropractic services continue at the 10 bases. Why were there two reports? The background is:

- No one disputes that chiropractic management produced good health outcomes, significantly higher combat readiness and patient satisfaction than conventional care, and that there was widely increased medical confidence in chiropractic services as MDs and DCs worked together at military bases.
- However the final report from the health consultants retained by the Department of Defense, Birch and Davis, estimated a net cost in the order of \$20 million per annum. This would require reduction of existing medical programs "already competing for limited Defense Health Programs dollars." For this reason full incorporation of chiropractic care was feasible but not advisable.
- Interestingly, a first draft of the Birch and Davis report last November calculated the net cost of chiropractic services as approximately \$70 million per annum. This was made available to the five minority chiropractic members on the project's Oversight Advisory Committee, Drs. Richard Beecham, Ronald Evans, Peter Ferguson, George Goodman, Rick McMichael and Reed Phillips. Assisted by staff at the American Chiropractic Association and Dr. Anthony Rosner, Director of Research, Foundation for Chiropractic Education and Research they demonstrated major errors in the data analysis—on which they had not been properly consulted. This resulted in a significant reduction of the cost estimate in the final Birch and Davis report dated February 10 but—strangely and despite this improvement—a more negative tone against chiropractic services.
- Although Birch and Davis took three months to revise their report the OAC chiropractic members were given only seven days to review and comment upon the final draft—manifestly inadequate for a report of 650 pages with numerous tables and statistical analyses. They found it so full of "serious shortcomings and inconsistencies" that they retained the independent health consultants Muse and Associates of Washington DC, who prepared a second minority report now filed with Congress on their behalf. Highlights of the Muse and Associates Report are:
 - a) It concludes that "an evaluation of the data used in the Chiropractic Health Care Demonstration Program overwhelmingly indicates that it is both feasible and advisable to introduce chiropractic care into the military health service."
 - b) Rather than adding costs, it is estimated that the introduction of chiropractic services will result in annual net savings of \$25.8 million through demonstrated savings for "in-patient care, emergency room services, physician services, physical therapy, other services, and recovered days."
 - c) It highlights data buried in the Birch and Davis Report and confirming that "spinal maladies remain a major problem for the military" with about 5% of all military personnel treated for

lower back pain each year; that patients receiving chiropractic care had better outcomes than patients receiving traditional medical care in terms of pain, physical limitations and days away from work or restricted duty; and that chiropractic patients had significantly higher satisfaction rates. Specifically, integrating chiropractic care into the military health system would "lead to the recovery of between 111,000 and 331,000 additional duty days per year."

In summary, permanent introduction of chiropractic services in the military would be a major victory for patients and the profession, there is much data favoring chiropractic in both reports filed, the battle lines are drawn, and all sides are now engaged in the war for congressional support.

2. U.S.—HMO Reform in Arizona. The profession is fighting back against HMO gatekeepers restricting access to reasonable chiropractic care—partnering with other professionals facing unfair practices. In an important precedent for other states, Arizona has passed legislation requiring that HMO patients electing chiropractic care be allowed a minimum of 12 visits before interference by a gatekeeper. This law, which comes into force on January 1, 2001, was achieved by the Arizona Association of Chiropractic working in a coalition that included the Arizona Medical Association, trial attorneys, the business community and ultimately HMOs themselves. In the words of Dr. Arlan Fuhr of the AAC Legislative Committee, "When chiropractic became a part of a greater cause we ended with a bill that was workable for everyone." *Contact:* Pam Koester, Executive Director, AAC, tel. 602-246-0664. (*Source:* Dynamic Chiropractic).

3. Research: New Data on Maintenance Care in the U.S. Best data on this subject, broadly confirming earlier surveys in Australia and the U.K., comes from a new survey by Ronald Rupert, DC funded by NCMIC Insurance and Cleveland Chiropractic College. Conclusions are not surprising but show widespread agreement on the value, content and use of maintenance care in chiropractic practice. A questionnaire was mailed to a random sample of 1500 DCs. There was a response rate of 44% (658), sufficient for validity for these conclusions:

- Chiropractors were virtually unanimous that maintenance care (MC) had an important role in chiropractic health care. On average MC was recommended for 4 in 5 patients (78.7%), and 1 in 3 of those (34.4%) elected to receive these services.
- Asked which of 6 reasons they supported for MC, agreement or strong agreement was highest for "to minimize recurrence or exacerbation" (95.4%) and lowest for "to prevent subluxation" (56.2%). There was strong agreement about the most important therapeutic components of MC—adjustments/manipulation (96.7%), exercise (96.1%), proper eating habits (92.8%), patient education (e.g. smoking, alcohol, drugs) (83.6%). There was weaker but still majority agreement on the use of vitamins and supplements (67.1%).
- On the results of this survey 22.9% of all chiropractic income in the U.S. is generated from MC services, which on 1995 data from the American Chiropractic Association's annual statistical sur-

vey would amount to \$51,930 annually on a gross annual income of \$225,783. (Rupert, RL. *A Survey of Practice Patterns and the Health Promotion and Prevention Attitudes of US Chiropractors. Maintenance Care: Part I.* J Manipulative Physiol Ther, 2000; 23(1):1-9.)

EUROPE

1. Research: Paris Task Force on Back Pain. The journal *Spine* has just published an English translation of a report and guidelines titled *The Role of Activity in the Therapeutic Management of Back Pain* by an International Paris Task Force. There is endorsement of the US, UK and New Zealand guidelines, but more specific recommendations on activity—mobility, activities of daily living, exercise, and occupational activities. Key points are that early activity is important, active exercise programs should be encouraged for patients with sub-acute (4-12 weeks) and chronic (over 12 weeks) back pain, but there is still no evidence that one form of exercise is better than another. Because bedrest seems intuitively right to patients and has been so strongly supported in medical practice, the Paris Task Force calls for “a major education campaign aimed at the entire range of health care professionals . . . as well as a major public education campaign through the mass media” so that its recommendations in favour of early activity are heard and accepted. (Abenheim L, Rossignol M et al. *The Role of Activity in the Therapeutic Management of Back Pain: Report of the International Paris Task Force on Back Pain*, *Spine* 2000; 25(4S):1S-33S.)

AUSTRALASIA

1. Australia—Draft Back Pain Guidelines. A major tiff is underway in Australia because of draft acute low-back pain guidelines prepared by Nikolai Bogduk, MD PhD on behalf of the Australasian Faculty of Musculoskeletal Medicine for adoption and use nationally. With these guidelines Bogduk justifies his reputation for an academic brilliance that is unmatched in the areas of modesty or judgement. Discussing manual therapy, his opening shot is to assert that this is “the most contentious . . . treatment for low-back pain” (what about lumbar fusion surgery or antidepressants?) and to describe chiropractors and physiotherapists as “craft groups” rather than professions. This arrogance should cause everyone to doubt his judgement. Next he dismisses the work of expert panels assembled by the U.K. government (AHCPR) and the U.K. medical profession (Royal College of General Practitioners) as “based less on an analysis of the literature and more on a socially-based consensus.” Unsurprisingly he concludes that all manual therapy, whether spinal manipulation or mobilization and whether given by a chiropractor or anyone else, is not superior to conservative therapy options under conventional medical care. The Chiropractors’ Association of Australia has filed rebuttals and we must all await the outcome. This is clearly another fusion of politics and science, and a perfect example of why guidelines should be developed by a multidisciplinary panel rather than one or more medical experts.

A Conference on Philosophy in Chiropractic Education

**World Federation of Chiropractic
and Association of Chiropractic Colleges**

Place

Radisson Bahia Mar Beach Resort
Fort Lauderdale, Florida, USA

Date

Saturday, November 11—Sunday, November 12, 2000

Program Directors

David Koch, DC
President, Sherman College of Straight Chiropractic
Reed Phillips, DC, PhD
President, Los Angeles College of Chiropractic

Goals

- To review the roles of philosophy and belief systems in the healing arts generally and in chiropractic education specifically.
- To seek a consensus on a common conceptual framework for the chiropractic profession.
- To review current course content on philosophy at chiropractic colleges.
- To produce draft consensus guidelines on the role and methods of teaching of philosophy in chiropractic education.

Methods

- An international forum that brings together chiropractic, medical and other experts in philosophy and education, and clinicians from private practice.
- Pre-meeting course materials, including formal papers from invited speakers.
- Lectures, panels and workshops with a strong focus on interaction and practical application.

Who Should Attend

- Representatives of chiropractic colleges.
- Chiropractors, students and others with an interest in the role of philosophy in the chiropractic profession.

Registration options

Chiropractors: US\$195.00. **Students:** US\$95.00. Includes Friday evening reception, written proceedings, Saturday and Sunday program, morning and afternoon refreshments. (Chiropractors have the option of attending for four days, including Friday and Monday, which will include reports from chiropractic colleges internationally on other educational issues. Registration fee: US\$500.00.)

Contact for more information: For program details and registration form:

- Visit www.wfc.org (click on WFC Congress, Meetings, etc.)
- Contact the WFC at 3080 Yonge Street, Suite 5065, Toronto, Ontario M4N 3N1 Canada, tel. 416-484-9978, fax 416-484-9665, email: worldfed@sympatico.ca.

chiropractic and medical students would take many of their basic science subjects together, and the affiliation of the Canadian Memorial Chiropractic College with York University, Toronto, the second largest public university in the province of Ontario.

5. An equally important development in the past year has been great progress in regulating chiropractic education in Japan, which is estimated to have approximately 10,000 'chiropractors' who are graduates of unaccredited schools in Japan. Japan's one recognized school, RMIT Japan in Tokyo, has worked with the Japanese Association of Chiropractors (JAC)—which represents Japan's 150 formally qualified chiropractors—and its parent institution RMIT University, Melbourne, University and the Los Angeles College of Chiropractic (LACC) to achieve the following:

a) During the late 1990s a university conversion degree program was developed, a program through which 'chiropractors' from unaccredited Japanese programs could upgrade their qualifications and skills through a bachelor's degree requiring 2-4 years of study.

b) The past year has seen graduation of the first 60 students who entered this program, and formation of a Japanese Council of Chiropractic Colleges whose members are now encouraging their several thousand graduates to commence the conversion program. The incentive is that they will qualify for government recognition as chiropractors when the Japanese government moves to regulate the profession. It is predicted that 3,000 'chiropractors' will enter this conversion program over the next three years.

c) On June 12 the JAC, in association with LACC, holds a major information meeting at the LACC campus in Los Angeles to enlist the help of North American colleges in working with Japanese schools in this major rehabilitation of the profession in Japan.

If you are thinking this through, you can see that within 10 years Japan may have the largest number of formally qualified chiropractors of any country outside North America. This underlines the significance of the current developments not only to Japan but also the Asian region and chiropractors everywhere.

C. RESEARCH

6. The past year has seen important progress in research in the areas of improved agreement on research methods appropriate for complementary and alternative medicine (CAM) in general and chiropractic in particular, public and private funding for chiropractic research, and publication of new research.

a) **Appropriate Research Methods.** For the past four years the World Health Organization (WHO) has been developing guidelines for CAM research, both natural medicines (medicinal plants, animal products and mineral materials) and physical treatments such as chiropractic. Draft guidelines were given final review at an expert consultation meeting in Hong Kong April 11-14 at which the WFC and the chiropractic profession were represented by Lynton Giles, DC PhD of Australia and Gert Bronfort, DC PhD of the U.S.

These guidelines will address the fact that the reductionist biomedical research model, while having a significant role in CAM and chiropractic research, is inadequate for overall evaluation of the 'chiropractic clinical encounter'. This point was fully debated at the 4th Research Agenda Conference of the Consortial Center for Chiropractic Research held in Chicago last July. (The CCCR, based at Palmer College, is a consortium of chiropractic colleges and researchers from other disciplines which is funded

by the U.S. government through the Center for Alternative Medicine, National Institutes of Health, and is setting a coordinated agenda for chiropractic research). In a recent article² Cheryl Hawk, DC PhD of Palmer, summarizes the views expressed last July and why the chiropractic clinical encounter, or 'best practice chiropractic', needs more than the standard biomedical model of research:

- This reductionist form of study—e.g. does X adjustment produce Y outcome for a patient with a Z problem—equates chiropractic with adjustment or manipulation (i.e. a procedure) rather than "a health care profession in which the doctor cares for the patient".

- The basic model for most chiropractic research should be a biopsychosocial model "which includes psychological and environmental as well as physical factors and acknowledges that the doctor/patient relationship is in itself a powerful factor in the clinical encounter."

- This requires delivery of care as in the practice setting, inclusion rather than exclusion of the doctor/patient placebo effect, and measurement not only of improvement in function and pain but also quality of life, satisfaction and use of other health care resources.

Leading medical authorities agree. In the words of Robert Marston, MD, a former director of the National Institutes of Health, "demonstrating well documented alleviation of troublesome chronic symptoms, improved function, and better quality of life in satisfied patients using CAM" is of significant interest to "both the CAM and conventional medical communities."³

b) **Research Funding.** An important new development is that governments and others funding health care research are learning that there is wide public use of CAM, and understanding that society now has an obligation to research leading forms of care including chiropractic. Thus:

- In the U.S. the NIH Center for Alternative Medicine has a large and growing annual budget for CAM (\$68.5 million), several millions of which are funding current chiropractic research. The Agency for Health Care Policy and Research (AHCPR) is also providing significant federal funding for chiropractic research.

For example the NIH and AHCPR have granted \$4.5 million for trials now commencing at Harvard in Boston led by David Eisenberg, MD and James Barassi, DC. These compare conventional medical treatment, chiropractic care, acupuncture and massage for adults and seniors with chronic back pain. A pilot study was completed in December 1999, and 8 treating chiropractors are currently being recruited for the main trials, in which chiropractic care will be given at private clinics affiliated with HMOs under the Harvard Vanguard Health Plan in the Greater Boston area.

- In Canada the Province of Ontario, which funded the 1993 Manga Report, has granted \$4 million for chiropractic research and continuing education during the past 18 months—\$1 million for a headache trial, \$2 million for general research which would include, for example, projects examining the effectiveness of alternative and integrated methods of chiropractic practice within interdisciplinary health centres, and \$1 million for continuing education and development of clinical guidelines.

The profession continues to increase its own research funding. Malpractice insurers NCMIC Insurance Inc. in the U.S. and the Canadian Chiropractic Protective Association (CCPA) in Canada last month approved funding of US\$2 million for a new international multidisciplinary Neck Pain Task Force. The pro-

posal for the Task Force was developed during the past two years under the leadership of WFC Research Council members, Scott Haldeman, DC MD PhD and David Cassidy, DC PhD. It was prompted by continuing unfair medical and media comment about the safety and effectiveness of chiropractic cervical adjustment.

President of the Task Force will be Dr. Haldeman (University of California), Vice-President, Ake Nygren, MD DDS PhD (Karolinska Institute, Sweden), and Secretary Dr. Cassidy (University of Alberta). There will be other affiliated institutions internationally. The Task Force will perform a structured literature review, engage in new original research projects, develop guidelines and recommendations for publication in a major journal, and deal with the safety and effectiveness of cervical adjustment. Full details concerning the Task Force, whose work is expected to take 4-5 years, are to be announced shortly.

c) **Publication of Research.** As a sign of the times all three open competition award winning papers from the WFC's 5th Biennial Congress held in Auckland, New Zealand last May were from chiropractic researchers in interdisciplinary teams at publicly funded universities. These trials, published in the February issue of JMPT, were from the University of Calgary, Canada,⁴ the UCLA School of Public Health in Los Angeles,⁵ and Macquarie University in Sydney, Australia.⁶ Similarly two of the other important studies of the past year, a trial relating to infantile colic,⁷ and a national survey of the wider health effects of chiropractic care,⁸ both previously reviewed in this Report, were from the University of Southern Denmark.

D. PRACTICE

7. Chiropractors from many countries report the growing integration of chiropractic services into mainstream delivery and reimbursement systems. This is seen most prominently in Northern Europe and North America.

On one hand integration provides major new opportunities for individual chiropractors and the profession as a whole, on the other hand it subjects chiropractors to a burdensome level of controls that MDs suffer and that chiropractors have avoided while they were isolated and excluded. For an excellent analysis of these advantages and disadvantages you should see the March issue of *Topics in Clinical Chiropractic* titled *Health Care in the 21st Century* which contains the comments and predictions of 15 selected experts.

These include chiropractors with experience of the pros and cons of integrated care, such as Dr. John Triano from the Texas Back Institute and Dr. James Dillard who recently wrote the credentialing standards for inclusion of chiropractic in the integrated clinic at the Beth Israel Medical Center in New York. Other authors are astute observers close to the profession such as Don Petersen, Editor, *Dynamic Chiropractic*, and outsiders such as Karen Terwilliger, an attorney who is senior counsel to the Washington State Legislature. All agree that, for all the bumps in the road, chiropractic has no alternative but to seek better integration and acceptance if it wishes to protect its market share, grow and retain leadership in the field of spinal manipulation in the years ahead. Ms. Terwilliger, as a satisfied chiropractic patient who wants "to see the profession grow and gain credibility" but has had little professional involvement in chiropractic issues, observes:

"The public perception of chiropractic is critical (in the new information economy and the years ahead). If chiropractors as a whole are viewed as science and research-based professionals with high degrees of patient satisfaction and quality outcomes,

they will prosper. If they are perceived as merely self-interested promoters of their world view over the greater social need, chiropractors will flounder. Without public credibility, the profession will struggle to remain viable.

"Public credibility also comes from working with others. In this millennium, chiropractors should not remain isolated from other health professionals. As with attorneys, chiropractors will have to adapt to new ways of practice. Cooperation and collaboration within new alliances and partnerships will become ever more essential to survival. The profession must learn to create new networks and integrated service practices with other types of providers. Such creation is an immense challenge. Chiropractic should not, by design or accident, be assimilated into multidisciplinary practice. Chiropractors should identify unique services and pinpoint the practices that they perform better than other practitioners and identify where they fit within the system. Then, they should build the case for chiropractic expertise in those areas. If they do, chiropractors have a great opportunity to be accepted as true leaders within the health care industry."⁹

8. What are these unique chiropractic services that the profession provides, and how can they be described in terms that protect the profession's role and identity and—equally importantly—in terms that can be understood and accepted by others in the health care system? The most tailor-made statement for the U.S. is policy adopted by the American Chiropractic Association in the mid-1990s specifically to provide policy-makers and other health care professionals and the public with a clear understanding of chiropractic's role in the evolving health care system. Core statements from that policy appear in Table 3.

Table 3: The Role of Chiropractic in the Evolving Health Care System (ACA, 1994)

The role of chiropractic in primary health care is characterized by direct access, . . . , integrated, conservative ambulatory care of patients health care needs, emphasizing neuromusculoskeletal conditions, health promotion, and patient-centered diagnosis and management.

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

For the full policy and glossary of terms, contact the ACA.

The World Federation of Chiropractic, in a section on Facts on Chiropractic in its recently published *International Directory 2000*, summarizes chiropractic clinical interventions as follows:

“Chiropractic Practice. The chiropractic profession emphasizes the natural power of the body to heal itself (homeostasis) and therefore chiropractors only use natural and non-invasive treatment approaches which include:

- Manual procedures: spinal adjustment; other joint manipulation; joint mobilization; soft tissue therapies.
- Exercise and rehabilitative programs.
- Patient education on spinal health, posture, nutrition and other lifestyle modifications.
- Other supportive methods: e.g. use of back supports and orthotics, interferential, ultrasound, etc.

Chiropractors make no use of drugs or surgery, and refer patients for medical care when those treatments may be necessary.”

A comprehensive introduction to all aspects of chiropractic education, practice and research, including current levels of integration into the health care system, is found in the newly-published *The Chiropractic Profession* by David Chapman-Smith.¹⁰

9. Finally, where can chiropractors go to improve their knowledge and protocols for better communication with other professionals? Two valuable new books are:

a) *Instant Access to Chiropractic Guidelines and Protocols*, ed. Huff L and Brady DM, Mosby, St. Louis 1999, soft cover, pocket size, 406 pages, US\$33.95. To order, call 1-800-545-2522 or fax (314) 579-3357. This guide designed for use in daily practice provides a summarized definition, etiology, signs and symptoms, diagnostic findings, treatment goals, management protocols and outcomes measures for a full range of spinal and extremity conditions seen in chiropractic practice. It has contributions from 15 clinicians, and is edited by two chiropractors in private practice

who should know. Dr. Lew Huff is Clinical Rotations Coordinator for Texas College of Chiropractic, in which position he is the chief liaison between the chiropractic and medical communities for the TCC hospital rotations program. Dr. David Brady—who adds particular strength in the area of optional nutritional recommendations—is Assistant Professor of Clinical Sciences at the University of Bridgeport College of Chiropractic.

b) *Primary Care Orthopedics*, Brier SR, Mosby, St. Louis, 1999. Hardback, full size, 478 pages, US\$59.00. To order, call 1-800-545-2522 or fax (314) 579-3357. This is a comprehensive new text for chiropractors wanting to work in a collaborative context in primary care orthopedics—referring and receiving referrals from the medical community. Principal author is Steven Brier, DC, Adjunct Associate Professor, Department of Sports Medicine, College of Nursing, University of Southern Maine, Portland, and contributing authors are Leo Varriala, MD and Patrick DeRosa, MD from the Department of Orthopedic Surgery, Mercy Hospital, Rockville Center, New York. This is an in-depth presentation of primary care orthopedics with impressive text and illustrations, an extensive glossary, and many practical care pathways and algorithms. **TCR**

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