THE CHIROPRACTIC REPORT

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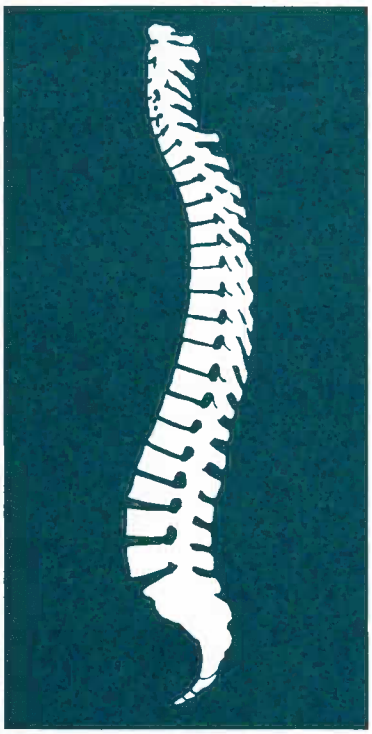

PROFESSIONAL NOTES

LBP — Physical Modalities

Systematic literature reviews and evidence-based clinical guidelines tell us that the use of passive physical modalities, such as ultrasound and electrotherapy, provide no lasting benefit for patients with low-back pain.

For the first time a new randomized controlled trial (RCT) from California addresses the question "is there increased benefit for back pain patients when physical modalities are added to other standard forms of chiropractic"? The answer depends upon how you define 'benefit', and whether you are the patient or a third party payer. In terms of reduced pain and disability after treatment the answer is no. Cost is also higher. In terms of patient satisfaction, however, the answer is yes.

This impressive new RCT comes from Eric Hurwitz, DC PhD, Hal Morgenstern, MD et al. at the University of California at Los Angeles School of Public Health and the Southern California University of Health Sciences (formerly LACC). It is yet to be published but was presented at

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THE PARIS PARADIGM OF CHIROPRACTIC

WFC Members Adopt ACC Paradigm: What Does This Mean for You?

INTRODUCTION

THE 6th biennial Congress of the World Federation of Chiropractic (WFC — *www.wfc.org*), co-sponsored by the European Chiropractors' Union (ECU) and the Association française de Chiropratique (AFC), was held in Paris from May 22-28, 2001. The Congress was especially significant because:

a) **Size and Representation**. Over 750 chiropractors from 42 countries attended the meeting, meaning that more countries were represented than at any previous chiropractic meeting. Speaking at the banquet, AFC President Dr. Sylvain Parny explained that France's 390 chiropractors had had more publicity for their profession during the past week — on major television channels, on radio and in print — than throughout the past century.

b) **Quality**. As explained by WFC Research Council Chair Dr. Scott Haldeman at the awards ceremony, there was the largest number and highest quality of original research submissions ever received for a chiropractic meeting — 168 studies including several major new controlled trials of chiropractic care.

First prize, carrying an award of $7,000.00 sponsored by the US National Board of Chiropractic Examiners, went to Dr. Donald Dishman and co-authors from New York Chiropractic College for a sophisticated study reporting reflex changes in the central nervous system (increased central motor excitability) following chiropractic manipulation, changes demonstrated through the use of transcranial magnetic stimulation.

c) **Program excellence**. With a theme of *From Youth to Age* the first day, for example, was dedicated to pediatric and adolescent care and featured:

• Lectures by leading chiropractic and medical researchers summarizing the literature on management of colic (Jesper Wiberg, DC, Denmark), asthma (Gert Bronfort, DC PhD, USA), scoliosis (Jean Robert, DC, Switzerland) and adolescent back pain (Jouko Salminen, MD PhD, Finland).

• Grand rounds — a session in which Dr. Scott Haldeman chaired a panel of eight prominent chiropractic and medical clinicians (e.g. chiropractors Dr. Claudia Anrig of the USA and Tammy de Koekkoek Rubinstein of the Netherlands, and physicians Dr. Vladimir Janda of the Czech Republic and Dr. François Le Corre of France, a medical manual therapist) discussing chiropractic and other physical management of real patient cases involving colic, asthma, scoliosis, spinal pain and wellness care.

• In the afternoon a selection of technique and other workshops — featuring the above experts and other speakers.

On the final day, despite the call of perfect spring weather on a Saturday in Paris, about 700 registrants filled the

Dr. Don Dishman (*centre right*), winner of the First Prize and Scott Haldeman Award for original research at the WFC's Paris Congress, receives his award from (*left to right*) Dr. Gordon Waddell, orthopaedic surgeon, Scotland, Dr. Jim Badge, Vice-President, US National Board of Chiropractic Examiners and Dr. Scott Haldeman, Chairman, WFC Research Council.

auditorium for a powerful session on the role of philosophy in chiropractic education and practice which featured four of the profession's most prominent leaders — educators Dr. Guy Riekeman, President, Palmer College and Dr. Sid Williams, President, Life University, and clinician-scientists Dr. Alan Breen of the Anglo- European College of Chiropractic and Dr. Scott Haldeman. Dr. Haldeman concluded by challenging all chiropractors present to do some pro bono work weekly, to put their patients' interests first, and to demonstrate the principles of chiropractic health care not only in what they said but also in the example they gave in their own lives — as had his father in South Africa and his grandmother, Dr. Almeida Haldeman, understood to have been Canada's first chiropractor.

d) **Professional consensus**. Finally, and most importantly, this WFC Congress took another decisive step towards establishing a true international consensus on fundamental principles of education and practice within the chiropractic profession, a decisive step towards creating the common ground upon which all chiropractors and their associations and educational institutions worldwide can live notwithstanding their quite natural and normal differences. This step was:

- Adoption of the Association of Chiropractic Colleges' 1996 Paradigm of Chiropractic by the Assembly of the World Federation of Chiropractic (WFC);
- On a motion jointly presented by the American Chiropractic Association (ACA) and the International Chiropractors' Association (ICA);
- At an assembly meeting attended by association delegates representing the 48 countries listed in Figure 2 (page 8), including every national chiropractic association in the world with over 20 members;
- By a strong majority of 68 to 24 votes. There was majority support from member associations in each of the WFC's seven world regions — Africa, Asia, Eastern Mediterranean, Europe, Latin America, North America and the Pacific. Votes in opposition were primarily from Northern European countries which had argued to defer the vote to the next Assembly in order to give their members additional time for debate.

2. The ACC Paradigm of Chiropractic appears in Figure 1. This Report discusses the background to the original development of the ACC Paradigm, events since, the content of the Paradigm itself, and the significance of adoption of the Paradigm by the WFC for individual chiropractors and the profession.

We start, however, by looking at why the chiropractic profession — or any other — should consider it necessary to have an explicit paradigm, or articulated view of its role and functions in the world, in the first place. What are the purposes of this? The answer has much to do, of course, with creating and communicating an identity, an historic weakness for the chiropractic profession.

B. Communicating an Identity

3. To the average person, or to the typical employee health care benefits manager, what is the difference between an optometrist, an optician and an ophthalmologist; between a dental hygienist, a dental nurse and a dentist; between a physical therapist, a kinesiologist and a physiatrist; or between an osteopath, a chiropractor and a manual therapist? When and why do you choose one or another?

4. These questions serve to underline the fact that any profession offering services in the marketplace must develop a clear and consistent identity. For this it must master two levels of communication:

a) **Internal communication**. Successful internal communication will give the profession a common basis for its education, research, practice and development wherever that profession is practised. Such communication can only exist with an agreed vision, purpose, paradigm and identity.

b) **External communication**. This, significantly different from the language and subtleties of internal communication, simplifies and explains to the outside world what it wants to know—what services are offered, and what needs are met, by the profession.

Successful internal communication is a necessary prerequisite or forerunner of successful external communication. Developing this has proved an enduring challenge for the chiropractic profession for a mixture of historical, educational, cultural and professional reasons.

5. Osteopathy is a good example of a profession with such poor internal communication that has lost any agreed paradigm and identity, and is deeply divided within individual countries and internationally. In the US osteopathic and medical education and scope of practice are essentially the same. In the UK, unlike the US, osteopathy makes no use of drugs or surgery and requires four years of full-time education. In Canada and Latin America unaccredited osteopathic schools offer diplomas on the basis of part-time courses typically involving weekend training over 3-6 months. World travellers know what to expect when they enter a dental office in Paris or Buenos Aires or New York — but not when they enter an osteopathic one.

6. The chiropractic profession is another example of a profession that has long struggled to maintain an agreed paradigm, identity and scope of practice as it has evolved, firstly in North America and then later internationally. To summarize this in the simplest of terms:

a) A century ago the early chiropractic profession developed principles, language and a lexicon designed to give

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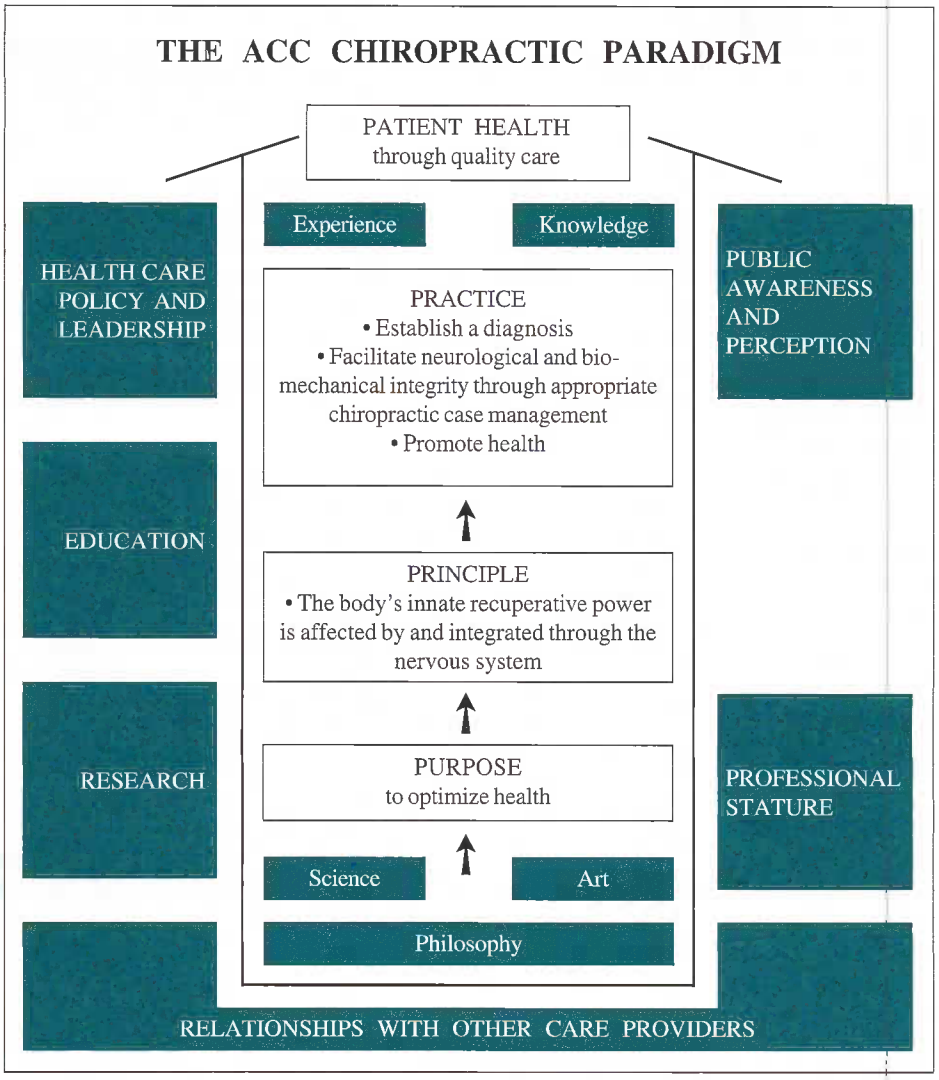
Figure 1



1.0 Preamble

The Association of Chiropractic Colleges (ACC) is committed to affirming the profession by addressing issues facing chiropractic education. The ACC brings together a wide range of perspectives on chiropractic and is uniquely positioned to help define the chiropractic role within health care.

The ACC is committed to greater public service through reaching consensus on the following issues which are important to the chiropractic profession:

- *continued enhancement of educational curricula;*
- *strengthening chiropractic research,*
- *participating and providing leadership in the development of health care policy,*
- *fostering relationships with other health care providers,*
- *affirming professional confidence and conduct, and*
- *increasing public awareness regarding the benefits of chiropractic care.*

The member Colleges of the ACC represent a broad diversity of institutional missions. The presidents have drafted a consensus statement that includes the following:

- *the ACC position on chiropractic,*
- *a representation of the chiropractic paradigm, and*
- *clarification regarding the definition and clinical management of the subluxation.*

Additional statements will be forthcoming.

2.0 ACC Position on Chiropractic

Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery.

The practice of chiropractic focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, doctors of chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.

The Association of Chiropractic Colleges continues to foster a unique, distinct chiropractic profession that serves as a health care discipline for all. The ACC advocates a profession that generates, develops, and utilizes the highest level of evidence possible in the provision of effective, prudent, and cost-conscious patient evaluation and care.

3.0 The Chiropractic Paradigm

PURPOSE. The purpose of chiropractic is to optimize health.

PRINCIPLE. The body's innate recuperative power is affected by and integrated through the nervous system.

PRACTICE. The practice of chiropractic includes establishing a diagnosis, facilitating neurological and biomechanical integrity through appropriate chiropractic case management, and promoting health.

FOUNDATION. The foundation of chiropractic includes philosophy, science, art, knowledge, and clinical experience.

IMPACTS. The chiropractic paradigm directly influences the following: education; research; health care policy and leadership; relationships with other health care providers; professional stature; public awareness and perceptions; and patient health through quality care.

4.0 The Subluxation

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation.

A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.

WFC's 6th Biennial Congress in Paris

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the WFC's Paris Congress on May 27, 2001 and was winner of one of the three original research awards. Details are:

a) 681 patients with current acute or chronic low-back pain were randomly assigned to 1 of 2 groups:

i) Chiropractic care without modalities. For this group chiropractic care included "spinal manipulation, instruction in strengthening and flexibility exercises and instruction in proper back care."

ii) Chiropractic care with physical modalities. As above except that physical modalities were added at the discretion of the chiropractor, including heat or cold therapy, ultrasound and electrical muscle stimulation.

b) Major outcomes measured were pain (Numerical Rating Scales) and low-back related disability (Roland Morris Questionnaire) with assessments at 2 and 6 weeks and 6 months.

c) There was no clinically significant difference in outcomes for the two groups. Patients in the group receiving physical modalities did have a higher satisfaction rate, but cost was significantly higher.

The researchers acknowledge that individual physical therapies may well be effective for certain patients but conclude that physical modalities used at the discretion of chiropractors in the managed care setting for this trial "do not appear to be effective in the treatment of patients with low-back pain."

(Hurwitz EL, Morgenstern H, Harber PL et al. Abstract, Proceedings of the 6th Biennial Congress, 2001, World Federation of Chiropractic, 224-225)

Other interesting new research in the 84 studies from 15 countries selected for presentation at the Paris Congress included:

a) **Canada: Sub-acute Whiplash**. Suter et al. from the University of Calgary, studied 23 patients to assess the immediate effects of cervical spine adjustment on muscle function, cervical range of motion (CROM) and pressure sensitivity in patients with sub-acute whiplash disorders (3 days to 6 weeks post-injury).

It was found that chiropractic adjustment significantly improved muscle and joint function and subjective pain thresholds. Specifically, this included improved muscle strength for arm abduction, a movement commonly performed in everyday activities. Suter et al. conclude that cervical adjustment for joint restrictions may help to get patients involved in early activities and rehabilitation — an important goal in optimal treatment. *(Suter E, Harris S et al. Abstract, Proceedings of the 6th Biennial Congress, 2001, World Federation of Chiropractic, 229-230).*

b) **Australia: Chronic Cervicogenic Headaches**. Whittingham et al. from RMIT University, Melbourne determined the efficacy of cervical adjustments (toggle recoil 3 times per week over a 3 week period) for chronic cervicogenic headache (experienced for 6 months or more) by randomly assigning 105 patients to either a treatment group or a control group which received 9 sham adjustments with an inactivated Pettibon procedure.

There were 4 subjective outcome measures (Sickness Impact Profile Questionnaires; Neck Disability Index; pain drawings; headache diaries), and two objective measures (pressure algometry and measurement of cervical range of motion by goniometer). The treatment group had significant improvement on all measures — in headache pain, headache intensity, pressure algometry scores, and cervical range of motion — whereas the control or placebo group improved on one measure only.

It was concluded that upper cervical spine adjustment using toggle recoil technique is effective for patients with chronic cervicogenic headache. *(Whittingham W, Dacosta C et al. Abstract, Proceedings of the 6th Biennial Congress, 2001, World Federation of Chiropractic, 231-232).*

c) **Denmark: Natural course of low-back pain**. There have been several studies over the past few years refuting the traditional claim that "90% of low-back pain patients get well within a month if left untreated." In this study Hestbæk, Leboeuf-Yde, et al. from the University of Southern Denmark further investigated the myth of natural remission, firstly by doing a systematic literature review and secondly by reporting with data from 2,000 LBP patients they have been studying for more than five years. They conclude it is now clear "that low-back pain does not resolve itself when ignored". Supporting data includes:

• In their new study in Denmark, only 10% of people with LBP report they are pain-free both 1 and 5 years after their initial episode of pain and care.

• On a systematic review of all the literature, 62% of LBP patients report that they still have pain one year after their initial episode. *(Hestbæk L, Leboeuf-Yde C, Engberg M , et al. Abstract, Proceedings of the 6th Biennial Congress, 2001, World Federation of Chiropractic, 247).*

d) **Netherlands: Radiological skills of chiropractors**. De Zoete, Assendelft et al. compared the reliability of chiropractors, chiropractic radiologists and medical radiologists in reading plain film radiographs to detect "therapy-relevant findings" (e.g. infections, malignancies, inflammatory spondylitis, spondylolysis/listhesis).

On two occasions five chiropractors, three chiropractic radiologists and five medical radiologists in the Netherlands read a set of 300 blinded lumbar spine radiographs, 50 of which showed an abnormality. For these European-trained practitioners there was no significant difference between chiropractic and medical radiologists (reliability — kappas 0.55 and 0.60 respectively) though chiropractors did slightly less well (0.44).

It was concluded that all professional groups could detect therapy-relevant findings on radiographs adequately. As the right of chiropractors to retain direct access to diagnostic radiology has been questioned in the Netherlands, and as this was a university-based multidisciplinary study, these results

have immediate practical importance for the profession in the Netherlands and Europe. (*De Zoete A, Assendelft WJJ, Algra PR et al Abstract, Proceedings of the 6th Biennial Congress, 2001, World Federation of Chiropractic, 243*).

Research Awards. Original research awards, sponsored by the US National Board of Chiropractic Examiners (NBCE), went to:

First Prize (Scott Haldeman Prize – US$7,000.00): *Central Motor Excitability Changes Following Spinal Manipulation: A Transcranial Magnetic Stimulation Study*. J Donald Dishman, DC MSc, Kevin A Ball, PhD, Jeanmarie Burke, PhD, New York Chiropractic College - USA.

Second Prize (US$4,000.00): *The Effectiveness of Physical Modalities Among Low-back Pain Patients Randomized to Chiropractic Care: Findings From the UCLA Low-back Pain Study*. Eric L Hurwitz DC PhD, Hal Morgenstern, PhD, Philip I. Harber, MD MPH, Gerald F Kominski PhD, Thomas R. Belin, PhD, Fei Yu, PhD, Alan H Adams, DC, UCLA Schools of Public Health, Biostatistics, Health Services UCLA School of Medicine, Southern California University of Health Sciences.

Third Prize: *Chiropractic and the National Healthcare System: A Basis for Partnership in the UK*. Jennifer Langworthy, MPhil, Alan Breen, DC PhD, S. Vogel, DO, R. Collier, MSc, MCSP MMACP, SRP, Institute for Musculoskeletal Research & Clinical Implementation, Bournemouth, UK, British School of Osteopathy, London UK, and University of Southampton, UK.

Private Practice Award: *Can Recurrent Cervical Artery Dissections Tell Us Anything About the Cases of Manipulation-induced Stroke?* Sidney M. Rubinstein, MSc DC, Private practice, Soest, The Netherlands, Scott Haldeman, DC MD PhD, Department of Neurology, University of California, Irvine.

WFC Honour Awards. At each of its biennial congresses the WFC gives up to three special honour awards for outstanding lifetime contributions to the international growth and acceptance of the chiropractic profession. In Paris awards were presented to Dr. John Sweaney of Australia and Dr. Sid Williams of the US, well-known chiropractic leaders who have been prominent in education, professional associations and the international development of chiropractic over several decades, and Dr. Gordon Waddell of Scotland. Dr. Waddell, an orthopaedic surgeon, pioneered the biopsychosocial model of spinal pain, was a chief architect of the US and UK back pain guidelines, has spoken at three WFC Congresses, and has defended unfair criticism of the chiropractic profession in many interprofessional settings including the pages of the British Medical Journal.

Philosophy of Chiropractic. During the panel discussion on philosophy that was one of the high points of the Congress for many present, Dr. Alan Breen, a senior and respected clinician and researcher from the Anglo-European College of Chiropractic in England, earned praise and applause for his convincing explanation that differences between North American and European chiropractors had much more to do with culture than their views on chiropractic.

American philosophy and culture embraces simplicity, pragmatism, and enthusiasm, said Breen. US philosophers William James and John Dewey held that "truth is essentially whatever works" and the US embraced Adam Smith's view that "economic freedom is the obvious and simple system of natural liberty." Accordingly the philosophy of chiropractic in America emphasizes enthusiasm and certainty— enthusiasm is often seen as more important than responsibility.

European philosophy, in contrast, emphasizes restraint, critical analysis and scepticism. John Calvin, Soren Kierkegaard, Ludwig Wittgenstein and the existentialist Jean-Paul Sartre represent a very different climate of thought and behaviour.

Take home messages? The North American chiropractic profession should not conclude that European chiropractors were less committed to their profession and its philosophical foundations just because they were more restrained and analytical. Likewise European chiropractors should understand the different cultural context of chiropractic in North America and therefore accept its enthusiasm. These cultural differences should be respected, and should not divide the profession.

Country Reports in Paris

United Kingdom. Dr. Mike Barber, BCA President, reported that registration under the Chiropractors' Act would finally come into force on June 14, 2001 — in other words it is now illegal to practise chiropractic in the UK unless you are registered under the General Chiropractors' Council. At present over 1100 chiropractors are registered and another 400 applications are being processed.

South Africa. Dr Chris Neethling, Past President, Chiropractic Association of South Africa (CASA) reported that chiropractic is in very sound health in South Africa - one strong association represents approximately 160 members (80% of the country's 200 chiropractors), the two state-funded schools are growing, and there is increased public and medical acceptance of chiropractic services. The South African Spine Society has recently opened its membership to chiropractors. Perhaps the profession's major challenge is attracting strong international faculty for the two chiropractic colleges. Interested? Contact Dr Neethling at chiro1@pixie.co.za.

Iran. During the past 10 years the Iranian Chiropractic Doctors Association, led by President, Dr. Hossein Sabbagh of Tehran, has fought to establish the legal recognition and regulation of chiropractic services in Iran. In Paris Dr Matthew Givrad announced to applause, that the law was now complete and the first chiropractic licence had been issued in early May.

Hong Kong. In Hong Kong, now a special administrative region of China but still enjoying the same democratic freedoms as before, 61 chiropractors serve 8 million people. Dr. Edward Lee, HKCA President, reported that, like the UK, there has been a long process to develop regulations under the licensing legislation, the Hong Kong Chiropractors' Registration Ordinance 1993. However formal registration with protection of title was commencing in June.

To be continued in the next issue

it an identity distinct and separate from other health professions, first and foremost from medicine and osteopathy. This was for legal reasons as much as for clinical purposes — firstly to defend chiropractors prosecuted for practising medicine or osteopathy without a licence and secondly to gain legislative recognition. Arguably this identity was defined principally by lawyers rather than chiropractors, led by B.J. Palmer's counsel Mr. Tom Morris.

It was proclaimed that chiropractors performed a *spinal analysis* rather than *diagnosis*, in order to find *chiropractic subluxations* rather than any medically defined condition or an osteopathic lesion. Subluxations were then *corrected* (not *treated*) by *spinal adjustment to remove nerve interference*, which was a procedure different in nature and intent and legal consequence than any form of manipulative therapy by medical doctors or osteopaths.

This wordsmithing was a major success on both counts — in defending prosecutions and in establishing legislative recognition.

b) As the profession evolved, however, unquestioning loyalty by some to this early language and identity created the polarization and division that exists within the profession to this day, and has been crystallized in the US in two competing national associations, the American Chiropractic Association (ACA) and the International Chiropractors' Association (ICA). This division comprises:

i) A significant minority which considers that this early paradigm and its language remain of fundamental importance to the definition of chiropractic, the limits of its scope of practice, and its continued existence as a separate profession. For these chiropractors the distinction between adjustment and manipulation, and between subluxation and spinal joint lesion, is not just a matter of language but of core principle and identity. Some, traditionally known as *straight chiropractors*, would prefer a chiropractic education that still focussed exclusively on spinal analysis rather than diagnosis, and restricted chiropractic clinical management to the correction of subluxation. Colleges supported by this faction teach comprehensive diagnostic and treatment methods only under duress — because of legal and accreditation requirements imposed upon them by the majority and society.

ii) A significant majority, which has long acknowledged and supported a substantial evolution in chiropractic education and practice, and which believes that the chiropractic profession is and will be kept separate and distinct by its name, title protection and its unique educational process. Whether to use the terms adjustment/manipulation or subluxation/joint dysfunction is a matter of language and personal preference rather than identity. Often all of these terms are used depending upon the context — traditional chiropractic language with patients, more generic language in interprofessional communications.

7. The political division seen with the ACA and the ICA in the US has been papered over elsewhere in the world. In other countries there is greater unity in one national association. However many chiropractors in these countries were trained in US schools, and all countries have wrestled with two conflicting chiropractic paradigms to some degree. A major ongoing challenge for the profession has been how to resolve this internal division so that the contemporary chiropractic profession:

a) has an agreed paradigm and vision informing its educational process and professional organizations, in order that

b) the profession can establish a clear and effective market identity, allowing the public and others in the health care system to understand exactly what chiropractic services are — when to use them, how they differ from other health care services, and how to integrate them into health care in general.

C. Development of the ACC Paradigm

8. As the profession approached its centenary in 1995 there were renewed calls for greater unity. The Association of Chiropractic Colleges (ACC), a US-based organization that represented all 17 accredited colleges in Canada and the United States, decided it was best positioned and had a responsibility to lead the necessary consensus process in North America. The foundation for a profession-wide shared vision must be its education, and the ACC Board of Directors was comprised of the presidents of all colleges representing all perspectives. The ACC, as it rightly claimed, was "uniquely positioned to help define the chiropractic role within health care."[1]

Accordingly the ACC commenced a consensus process with its member colleges. This led to a July 1996 meeting at which the ACC's Paradigm of Chiropractic was unanimously agreed and signed by all presidents.

D. Subsequent Developments

9. In the present context, the most representative chiropractic professional organization in the US is the Congress of Chiropractic State Associations (COCSA). The members of COCSA are the great majority of chiropractic state associations. In the various states where there are two competing state associations with affiliations to the two national associations — which includes large and influential states such as Florida and New York — typically both state associations belong to COCSA.

In 1999, in order to facilitate closer cooperation and a shared vision between the ACA and the ICA, COCSA called a major US Leadership Conference. This was held in St. Louis in May 2000 and was attended by representatives of most major chiropractic organizations in the US, including ACA and the ICA, the ACC, and the Council on Chiropractic Education (CCE), the Federation of Chiropractic Licensing Boards (FCLB), the Foundation for Chiropractic Education and Research (FCER) and the National Board of Chiropractic Examiners (NBCE).

At this meeting the ACC Paradigm was unanimously accepted as an appropriate, unifying vision for chiropractic in the US, and that position was subsequently ratified by the ACA and ICA Boards.

By agreement both of the ACA and the ICA then submitted the ACC Paradigm to the World Federation of Chiropractic (WFC), for adoption internationally. The members of the WFC are national associations of chiropractors in 77 countries, including the ACA and the ICA. The WFC circulated the paradigm to its members in November 2000 and, as already explained, the ACC Paradigm was adopted by the WFC members in Assembly in Paris on May 23, 2001.

E. Commentary on the Paradigm

10. The ACC Paradigm now assumes major significance because it has been duly and democratically adopted internationally as an appropriate guide to the development of chiro-

practic education and practice, and to the role of chiropractors within health care. For external audiences it provides few details in plain language explaining what it is that chiropractors actually do — for more on that see paragraph 11 e) below. That is not its purpose. It gives the framework or foundation. More specific communications and developments in the areas of education, research, practice and public relations should flow from and be consistent with this paradigm.

11. The Paradigm must be read carefully and interpreted fairly — both for what it does and does not say. In particular:

a) **Consensus**. Many in the profession may disagree with particular details of the Paradigm — this was and remains true for the college presidents who signed it. However, the Paradigm has received and deserves acceptance firstly because there is a focus on common ground acceptable to all, and secondly because matching concessions are made by both camps in the profession — those favoring tradition and those favoring evolution.

b) **Common ground**. It is important to emphasize that, viewed broadly, there is far, far more common ground than division within chiropractic and this is emphasized in the opening and primary position statement for chiropractic found in Section 2.0 of the Paradigm:

"Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery."

All chiropractors agree with that. This Paradigm would not have been approved unless it rested securely on agreed fundamentals such as these.

c) **Concessions — those favoring tradition**. Significant concessions by those favoring tradition include agreement that:

i) Chiropractic practice is founded upon "establishing a diagnosis".

ii) Patient management is not necessarily limited to one particular goal or method — and no specific methods or procedures are named or insisted upon. The practice of chiropractic "includes" a range of named and unnamed goals, with a focus on health promotion and "neurological and biomechanical integrity". Treatment methods utilized in patient care should be those supported by "the highest level of evidence possible," and may therefore evolve over time.

iii) The subluxation is given a broad definition, and is positioned as *a* focus rather than *the* focus of chiropractic practice.

iv) As noted in the Preamble, Position Statement, and diagrammatic presentation of the Paradigm, cooperative relationships with other health care providers should be fostered and established.

d) **Concessions — those favoring evolution**. Significant concessions by this group include agreement that:

i) It is acceptable to state and give predominance to one principle alone in the Paradigm, and this is that "the body's innate recuperative power is affected by and integrated through the nervous system."

ii) Similarly, such predominance may be given to one treatment goal, "facilitating neurological and biomechanical integrity", which from this group's perspective is somewhat reductionistic — especially given the prevailing change from a biomedical model of health to a biopsychosocial one in contemporary health care systems.

iii) Similarly, such predominance may be given to one clinical entity, the subluxation, defined as it is in the Paradigm.

e) **Relationship to existing WFC policies and publications**. Chiropractors and their organizations should now re-read their descriptions of chiropractic, both in internal and external communications, to see if they are consistent with the Paradigm. Let's check this with the World Federation of Chiropractic itself. The following more specific definition of chiropractic appears in the WFC's Membership Directory.[2] This is a definition that was formally approved by the WFC's national association members in 1999 for use by them and the WFC in the context of general purpose dictionaries and public education — in other words for external communication to the lay public:

"Chiropractic is a health profession concerned with the diagnosis, treatment and prevention of disorders of the musculoskeletal system, and the effects of these disorders on the

The Art of Chiropractic

When Did You Last Feel Really Well?

In this new continuing feature clinical pearls on the art of patient management are given. These are from experienced practitioners. This month, thank you to Dr. Leo Rosenberg of Toronto.

Most patients seek chiropractic care for pain of one sort or another. Because of the various reflex effects of joint adjustment they often experience additional and, for them, unexpected benefits.

You may recall the recent study from Sweden which showed that approximately 25% of patients seeking chiropractic care for musculoskeletal pain reported unanticipated additional health benefits after treatment. Reported benefits were even higher — about 1 in 3 (35%) — for those who were adjusted in 3 or more spinal regions. Improved digestive and respiratory function were most commonly mentioned.

In that study many patients will have experienced a general feeling of well being — but that was not studied because this was generally reckoned to be an expected consequence of the pain relief and improved function that comes with chiropractic care.

How do you, as a clinician, prepare patients for the likely wider benefits of chiropractic care on their first visit and before they appreciate the scope of chiropractic health care? One of the best questions — simple, memorable, effective, keying into the confidence and optimism of good patient management, and asked following the history and examination before treatment — is: "When did you last feel really well?"

Most patients will realize, and many will say, "not for a long time." Your reply — "you will, after chiropractic care." Try this, and watch patients link various improvements and their new sense of vitality to your care — and tell you about it.

Do you have a suggestion that might be used in this column? If so, kindly send it in — for mail, fax and email addresses see over.

nervous system and general health. There is an emphasis on manual techniques, including joint adjustment (chiropractic manipulation)".[2]

This, though in plainer language and with more detail, seems consistent with the Paradigm, especially since it is followed in the WFC Directory by this description of the practice of chiropractic:

"The practice of chiropractic emphasizes clinical interventions that support the natural or innate ability of the body to heal itself (homeostasis) and include:

• Manual procedures: spinal adjustment; other joint manipulation; joint mobilization; soft tissue techniques.

• 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."

Again, a more detailed account of the practice of chiropractic in the context of public education, but consistent with the Paradigm.

F. Conclusion

12. Commentators have been quick to see the profound significance and potential of worldwide adoption of the ACC Paradigm. In an editorial titled *WFC Lays Foundation for Worldwide Chiropractic Unity* in the July 2 issue of *Dynamic Chiropractic*, Petersen explains that the profession, after five years of consensus building and now democratic agreement, finally has a framework for unity and "to help abate . . . incessant arguing in favour of a true willingness to work together under a common understanding." Now that the foundation has been laid, "how can we build on it", he asks, and "can we build on what we agree on and relegate (differences) to another day"?

Let's build. In other words please interpret the Paradigm fairly, respect colleagues with different perspectives as long as these are fundamentally consistent with the Paradigm, and make some personal concessions for the sake of the common good. Therefore for example:

• It's quite alright to call the patient's spinal lesion a subluxation or a joint dysfunction — chiropractors in Iran or Korea or Libya or Japan speak different languages and use neither of those terms anyway — as long as you acknowledge that a core focus of chiropractic management is that spinal lesion, traditionally known within chiropractic as the subluxation.

• It is quite alright to use interventions variously named as adjustment, manipulation, trigger point therapy, muscle balancing, rehabilitative exercises, etc., as long as you acknowledge that chiropractic practice makes no use of prescription drugs and surgery and that a major goal of chiropractic management is facilitating neurological and biomechanical integrity in the neuromusculoskeletal system.

• It is fine and appropriate to focus on a particular condition that is the chief concern of the patient — that is what patient-centred practice usually demands in the first instance — as long as you demonstrate to patients through your practice that chiropractic has a fundamental respect for the vis medicatrix naturae or the innate recuperative power of the body.

Savor and promote this new opportunity for a common and agreed identity — such an identity is fundamental to much needed progress for the profession in your community and in the global village. TCR

References

1 *Issues in Chiropractic, The ACC Chiropractic Paradigm* (1996), Association of Chiropractic Colleges, Bethesda, Maryland.

2 International Directory (2000), World Federation of Chiropractic, Toronto, Canada.

Figure 2. Countries at WFC Assembly

Argentina*	Ireland	Peru
Australia	Israel	Philippines*
Belgium	Italy	Portugal
Bolivia	Japan	Saudi Arabia*
Brazil	Korea	Singapore
Canada	Lebanon	Slovakia
China-Hong Kong	Libya	Slovenia
Cyprus	Liechtenstein	South Africa
Denmark	Malaysia	Spain
Egypt	Mexico	Sweden
Finland	Morocco	Switzerland
France	Namibia*	Turkey*
Ghana	Netherlands	Uganda
Germany	New Zealand	United Kingdom
Iceland	Norway	U.S.A.
Iran	Panama*	Zimbabwe

*In attendance by proxy, not in person.