



PROFESSIONAL NOTES

NMS Becomes Mainstream at WHO

The chiropractic profession has long used the term 'neuromusculoskeletal'. It is found in licensing legislation (e.g. Pennsylvania), reimbursement laws (e.g. US federal health care programs for the military and veterans fund chiropractic services for neuromusculoskeletal disorders) and publications (the American Chiropractic Association's former scientific journal was the *Journal of the Neuromusculoskeletal System*). The distinction between 'musculoskeletal' and 'neuromusculoskeletal' is important to the profession.

The term 'neuromusculoskeletal' has now been adopted in a visible and important context by the World Health Organization in its *International Classification of Functioning, Disability and Health (ICF)*. WHO has two important international classifications adopted worldwide:

1. ICD-10 The International Statistical Classification of Diseases and Related Health Problems. This provides a classification of conditions by diagnosis.

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THE SPINAL HEALTH CARE EXPERTS

The Profession Reaches Agreement on Identity

"It is essential to establish a single and unequivocal identity for chiropractic in the minds of the public as soon as possible."

Caplan and Associates, 1994.¹

The profession has not resolved questions of professional and social identity . . . chiropractic stands at the crossroads of mainstream and alternative medicine."

Meeker and Haldeman, 2002.²

A. INTRODUCTION

ARE CHIROPRACTORS PART OF mainstream or alternative health care? Whatever the answer to that, what is their core role, what is their fundamental identity? We asked these questions and gave you the above quotes in the January 2004 issue of this publication as the World Federation of Chiropractic (WFC) was embarking upon a major consultation to address the problem.

The profession has now given an emphatic answer. It is finally able to move away from the crossroads described by Haldeman and Meeker. At the WFC Assembly in Sydney, Australia last month – June 15 being the exact day – there was presentation of the final report of the WFC's 40-person Task Force on Identity, and there was unanimous acceptance of these recommendations on identity from the report:

(i) *International Identity*. The public identity of the chiropractic profession, if it is to be effective and successful, should be similar in all countries.

(ii) *Three Concepts*. This identity should be established and maintained through the use of the following three linked concepts:

- A leading statement on identity, which must be clear, concise and immediately relevant to both the public and the profession – the 'pole' (brand platform).

- Several important qualifying statements, which provide the necessary context and foundation for the pole – the 'ground' (brand pillars).

- A description of the qualities or essential personality of chiropractors – the 'personality' (tone).

(iii) *The Pole*. The pole should be:

The spinal health care experts in the health care system.

(iv) *The Ground*. The ground should be:

a) Ability to improve function in the neuromusculoskeletal system, and overall health, wellbeing and quality of life.

b) Specialized approach to examination, diagnosis and treatment, based on best available research and clinical evidence, and with particular emphasis on the relationship between the spine and the nervous system.

c) Tradition of effectiveness and patient satisfaction.

d) Without use of drugs and surgery, enabling patients to avoid these where possible.

e) Expertly qualified providers of spinal adjustment, manipulation and other manual treatments, exercise instruction and patient education.

f) Collaboration with other health professionals.

g) A patient-centered and biopsychosocial approach, emphasizing the mind/body relationship in health, the self-healing powers of the individual, individual responsibility for health, and encouraging patient independence.

(v) *The Personality*. The personality should be a combination of:

- Expert, professional, ethical, knowledgeable; and

- Accessible, caring, human, positive

2. It was recognized that, while adoption of this identity and these recommendations was an important milestone, it was

only a starting point. A process of implementation, as thorough as the process of adoption, was needed in the months and years ahead. This would require:

a) For the WFC, a planned program of communication and promotion of the agreed identity, including the use of website, electronic and print articles and multi-media presentations at meetings.

b) For national associations of chiropractors, the work of implementation within their respective countries. This should be done through:

- A branding program (for example brands recently adopted in North America have been 'Straighten Up America' (for a new daily spinal health care set of exercises in the US) and 'A Treatment that Stands Up' (in Canada for all public relations activities). Choice of brand is a matter for each country/culture/language.)

- Development of a communications program within the profession and with the public.

- Alignment of all association activities and programs with the public identity.

3. There have been many individual efforts to establish an identity in the past, and there will inevitably be some critics of the identity now chosen. However, the WFC's identity process has been remarkably thorough and leaves critics with little ground for their dissent. The process has been based upon a thorough review of published evidence, the first ever grassroots survey of chiropractors worldwide, the deliberations of a fully representative Task Force, and final decisions by a broadly representative meeting that included the major national associations from all world regions – and both the American Chiropractic Association and the International Chiropractors' Association in the US.

This issue of the Report reviews the WFC identity consultation, with particular emphasis on the international survey of chiropractors in October 2004 and the final decisions made.

B. WHY IS IDENTITY IMPORTANT?

4. This question was canvassed at length in the January 2004 issue of this Report. In summary:

a) Patients/consumers/customers don't use a service or product that has an unclear identity.

b) There is a particular problem, found with chiropractic, where those providing

a service/product have a significantly different view of their identity from those using it. For example a large Canadian study commissioned by the Canadian Chiropractic Association,¹ which included focus groups and in-depth interviews with each of chiropractors, chiropractic patients and non-patients, found that chiropractors felt that prevention was a major part of their practice and role in health care. However the public, including chiropractic patients, disagreed. Not one member of the public participating in the study even mentioned prevention in connection with the use or potential use of chiropractic services. Prevention was rated important, but was seen as related to diet, exercise and lifestyle rather than chiropractic health care. Here was a major disconnect between the public and the profession.

c) Chiropractic has much more competition in modern, rapidly-evolving, health care systems and, without a clear identity, may react in an uncoordinated way that leads to greater loss of identity.

For example Cooper and McKee from the Medical College of Wisconsin recently made the following points in a comprehensive study titled *Chiropractic in the United States: Trends and Issues* are:³

- There is rapidly expanding competition from alternative providers (acupuncturists and massage therapists) and mainstream health professionals moving into spinal manual therapy for the largest groups of patients seen in chiropractic practice – those with low-back pain, neck pain and headache.

- In response the chiropractic profession is expanding beyond its traditional forms of treatment, reaching further into alternative medicine and/or primary care and aggressively marketing natural products and devices – but there are many dangers for the profession and chiropractors "moving too far from their core of special knowledge."

WFC Consultation on Identity

www.wfc.org

For all relevant documents – background information, Task Force details, summaries of research, the survey of chiropractors internationally – survey form and results, final report of Task Force, etc. – visit the above website and click on the [Identity Consultation](#) tab at the home page.

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The profession has heard the warnings, seen the trends, and knows it has an identity problem. The WFC's October 2004 survey of individual chiropractors worldwide was clear on this, confirming the views of the profession's leaders. 90% of 3,689 survey respondents strongly agreed that a clear, public identity was important, but only 4% strongly agreed that chiropractic had such an identity.⁴

C. WFC CONSULTATION AND TASK FORCE

5. The voting members of the World Federation of Chiropractic (WFC) are 83 national associations of chiropractors. At the WFC's 7th Biennial Assembly of Members in Orlando, Florida in April 2003 it was decided that the WFC should undertake a comprehensive consultation to resolve the question of identity. There was understanding that this was a potentially divisive issue and that the consultation therefore needed to follow a transparent, inclusive and fair process throughout. Essential elements should be:

- Appointment of a representative Task Force drawn from the profession and the public to lead the project.
- A comprehensive review of existing evidence.
- An international grassroots survey of individual chiropractors, in part to have their vital contribution and in part so that any conclusions on identity and vision would be shared and supported by them.
- The advice of experts in the field of social marketing. The firm finally chosen was Manifest Communications Inc. of Toronto, which had overall marketing expertise in the health professions' sector, particular expertise as consultant for the Canadian Chiropractic Association, and convenient location in Toronto, where the WFC has its offices.

6. WFC Task Force – Membership.

The WFC Council appointed three prominent leaders as Co-chairs of the Task Force – Dr. Paul Carey (Canada), then WFC President and a past-president of the Canadian Chiropractic Association, Dr. Gerard Clum (USA), President, Life Chiropractic College West, Hayward, California and ICA representative on the WFC Council, and Dr. Peter Dixon (UK) then President of the European Chiropractors' Union and a past-president of the British Chiropractic Association.

Asked to establish a representative Task Force, they planned the following 40-person group:

a) 3 Co-chairs

b) 9 doctors representing the WFC world regions of Africa (1), Asia (1), Eastern Mediterranean (1), Europe (1), Latin America (1), North America (3) and the Pacific (1), nominated by the WFC Council members elected to represent those regions.

c) 3 doctors representing the US Congress of Chiropractic State Associations (1), the European Chiropractors' Union (1) and the World Chiropractic Alliance (1).

d) 8 doctors representing the international academic and research communities, nominated by the Association of Chiropractic Colleges (2), the Council on Chiropractic Education International (1) and the Task Force Co-chairs (5).

e) 12 others chosen by the Co-chairs from those in the profession and students who, individually or on behalf of an organization, answered a call for applications to serve on the Task Force



WFC Task Force Co-Chairs at June 15, 2005 WFC Assembly in Sydney, Australia. (left to right) Dr. Paul Carey (Canada), WFC Past-President; Dr. Peter Dixon (UK), Past-President, European Chiropractors' Union; and Dr. Gerard Clum (USA), WFC First Vice-President and President, Life Chiropractic College West.

Table 1: Members of WFC Identity Task Force

Name and Country	Nominated by
Dr. Joel Alcantara, USA*	International Chiropractic Pediatric Association
Dr. Bram B Briggance, USA	Co-chairs (lay person)
Dr. Joseph E Brimhall, USA	Council on Chiropractic Education International
Dr. Paul F Carey, Canada	WFC Council (Co-Chair)
Dr. Carl Cleveland III, USA	Association of Chiropractic Colleges
Dr. Gerard Clum, USA	WFC Council (Co-chair)
Dr. Peter Dixon, United Kingdom	WFC Council (Co-chair)
Dr. Stephen Simonetti, USA	Congress of Chiropractic State Associations
Dr. Philippe A Druart, Belgium	European Chiropractors' Union
Dr. Phillip S Ebrall, Australia	Co-chairs (education/research)
Dr. Homer E Firestone, Bolivia	WFC Latin American Region
Dr. Peter G Furno, USA*	Self
Dr. Matthew Givrad, USA	Co-chairs (lay person)
Dr. Cheryl Hawk, USA	Co-chairs (education/research)
Dr. Donald J Henderson, Canada*	Self
Dr. Espen F Johannessen, Norway*	Norwegian Chiropractic Association
Dr. Susan King, United Kingdom	Co-chairs (education/research)
Dr. David B Koch, USA*	Palmer Chiropractic University System
Dr. Henrik Lauge Laugesen, Denmark*	Danish Chiropractors' Association
Dr. Barry J Lewis, United Kingdom	WFC European Region
Prof. Pran Manga, Canada	Co-chairs (lay person)
Dr. George B McClelland, USA*	American Chiropractic Association
Dr. William P McDonald, USA*	Self
Dr. Athol A McLean, Namibia	WFC African Region
Dr. Silvano A Mior, Canada	Co-chairs (education/research)
Dr. Jean Moss, Canada	Association of Chiropractic Colleges
Dr. Greg Oke, New Zealand*	New Zealand Chiropractors' Association
Dr. Efstathios Papadopoulos, Cyprus	WFC Eastern Mediterranean Region
Dr. E Daniel Quatro, USA*	New York State Chiropractic Association
Dr. Dennis Richards, Australia	WFC Pacific Region
Dr. Jean Robert, Switzerland+	Co-chairs (education/research)
Dr. Louis Sportelli, USA	Co-chairs (Vendor)
Dr. Gregory Stewart, Canada	Canadian Chiropractic Association
Dr. Anna Maria Svabo Jorgensen, Singapore	WFC Asian Region
Ann-Liss Taarup, Denmark	Co-chairs (lay person)
Prof. Irene G Turner, United Kingdom	Co-chairs (lay person)
Dr. Cindy Vaughn, USA*	Self
Dr. Adrian B Wenban, Spain*	Self
Victoria Wheeldon, United Kingdom	World Congress of Chiropractic Students
Dr. Stephanie Youngblood, USA*	International Chiropractors' Association

* Wild card members – appointed by the Co-Chairs from those who replied to a call for nominations to serve on the Task Force.

+ Substituted in 2005 by Dr. Clay McDonald (USA)

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NMS Becomes Mainstream at WHO

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2. ICF. This, which is much newer having been ratified by WHO in 2001, classifies function and disability. It replaces WHO's former *International Classification of Impairments, Disabilities and Handicaps*.

The ICF shifts assessment of function to "the whole human being in day-to-day life" as in outcome instruments such as the Oswestry Questionnaire and the Neck Pain Disability Index that are commonly used in chiropractic practice and research, and divides disability into various areas of body function and structure. The divisions of function are:

- Mental Functions
- Sensory Functions and Pain
- Voice and Speech Functions
- Functions of the Cardiovascular, Haematological, Immunological and Respiratory Systems
- Functions of the Digestive, Metabolic, Endocrine
- Genitourinary and Reproductive Functions
- **Neuromusculoskeletal and Movement-Related Functions**
- Functions of Skin and Related Structures

Neuromusculoskeletal and Movement-Related Functions (Chapter 7) include many of high relevance to chiropractic practice and research – including mobility of a single joint or several joints, the tone of isolated muscles and various motor reflex functions.

For a more complete introduction to the ICF and the online version visit www.who.int/classification/ICF.

RESEARCH NOTES

1. Norway – Management of LBP: The First Four Visits Are Key. In a multicenter study involving 10 consecutive back pain patients for each of 115 Norwegian chiropractors and just published in JMPT, by far the greatest improvement in both pain and disability levels was experienced within the first four visits. The great majority of patients were either very satisfied (46%) or quite satisfied (36%) with chiropractic treatments but "this was associated with the short-term outcome after the fourth visit rather than the long-term status at 12 months".

Chiropractic management was based on the chiropractor's own choice and included spinal manipulation and supportive modalities. Total number of chiropractic visits averaged 9.5 per patient (range of 2 to 28) with 14% receiving maintenance care. Pain (pain scale) and disability (Revised Oswestry) were measured at baseline, after the fourth visit, and at 3 and 12 months. The number of LBP-free patients increased until three months – but after 12 months 62% of patients reported that they had had LBP for at least 30 days during the year, the same level as the previous year, and 80% reported some recurrence of low-back pain.

Leboeuf-Yde, Grønstedt et al. provide two explanations for the early improvement under chiropractic care – a clear treat-

ment benefit, because the early results cannot be explained by natural history, and regression towards the mean, because best improvement was seen in patients with moderate to severe pain and most patients consult a health practitioner at the worst point in their cycle of pain and disability.

(Leboeuf-Yde C, Grønstedt A et al. (2005), *J Manipulative Physiol Ther* 28:90-96).

2. Australia – The Relationship between Cervical Lordosis and Neck Complaints.

The clinical goal of Chiropractic Biophysics Technique (CBP) is restoration of normal spinal structure to allow optimum function. Major issues, therefore, are what amounts to normal structure and whether there is any link between this and symptoms. The CBP hypothesis that there is such a link has been explored by McAviney, Schulz et al. at Macquarie University in Sydney by retrospective assessment of sagittal cervical alignment from 277 x-ray films randomly selected from the University Chiropractic Outpatients Clinic.

Patients with a lordosis of 20° or less had "more than double the chance of cervicogenic symptoms" compared with those with a lordosis greater than 20°. Patients with a kyphotic or straight cervical spine (i.e. a lordosis of 0° or less) were 18 times more likely to have a cervical complaint than those with some lordosis. This was "of high statistical and clinical significance" because those with straight or kyphotic cervical spines represented 25% of the total sample and only 4% were without cervicogenic symptoms.

The research team suggests that a lordosis in the range of 31° to 40° should be seen as normal and should be a clinical goal for chiropractic treatment.

(McAviney J, Schulz D et al. (2005) *Determining the Relationship Between Cervical Lordosis and Neck Complaints*, *J Manipulative Physiol Ther* 28:187-193).

FCER Researcher-of-the-Year.

Cheryl Hawk, DC PhD, Director of Research, Southern California University of Health Sciences, Los Angeles, receives the most prestigious annual chiropractic research



award worldwide, the Foundation for Chiropractic Education and Research's *Researcher-of-the-Year Award*, at the Gala Banquet at the WFC's 8th Biennial Congress in Sydney on June 18, 2005 from Dr. Vince Lucido (left), FCER President and Dr. Anthony Metcalfe, WFC President. Dr. Hawk, a 1976 National College graduate, received her PhD from the University of Iowa in 1991 with a thesis in the field of preventive health. She is extensively published, with a foremost reputation in the areas of clinical and practice-based research.

3. USA – Back Pain Less Costly with Alternative Care

A new US study of the role and cost of ‘alternative’ providers of care for back pain, predominantly chiropractors, reports significantly less average cost per patient when patients consult an alternative provider rather than a ‘conventional’ provider, predominantly medical doctors (\$342 vs \$506). This is for community-based care, and these figures exclude patients requiring surgical or other hospital care. Published in *Spine*, this large study is from Washington State which is different from many other jurisdictions in that it has required insurers to provide coverage for all regulated health services since 1996.

- The study involved 601,044 adults aged 18 to 64 years covered by two major health insurance companies in 2002. Of the 83% who filed outpatient claims, 109,080 or 22% had back pain claims. 51% saw an MD, 46% a chiropractor, 14% an acupuncturist or naturopath or massage therapist, and 11% a physical therapist. (Some patients saw more than one provider).
- The average number of visits to CAM providers was higher than conventional providers (7.1 vs 3.6) but average cost was lower both per visit (\$50 vs \$128) and in total (\$342 vs \$506). Lind et al., the investigators, note that patients of conventional providers have slightly higher co-morbidities (5.2 vs 4.9) but this appears to have had little influence on services rendered (e.g. higher spinal imaging costs). Total average outpatient costs were highest for the group of patients who used both CAM and conventional care (average of \$1,079).
- During 2002 the two insurance companies in question spent more than \$52 million on community-based back pain services. This study confirms that 70-85% of the population will have back pain at some time in their lives, that back pain is one of the most common reasons for conventional physician office visits, that cost is very significant, that CAM treatment is a substitute for conventional treatment for many people – and that despite higher number of visits it is considerably less expensive. Lind et al. acknowledge that recent studies “suggest that chiropractic may be equal in efficacy to conventional back pain treatments”, but their study does not deal with effectiveness or patient satisfaction – further areas in which the research favors chiropractic care.

(Lind BK, Lafferty WE et al. (2005) *The Role of Alternative Medical Providers for the Outpatient Treatment of Insured Patients with Back Pain*, *Spine* 30(12):1454-1459).

WORLD NOTES – FROM WFC ASSEMBLY

There were reports from 48 countries at the World Federation of Chiropractic’s Biennial Assembly of Members held in Sydney, Australia, June 14-15, 2005 and highlights included:

- **Botswana.** Chiropractic has reached Botswana – there are now three chiropractors in practice, duly recognized and accepted by the government, and the Botswana Chiropractic Association was one of two associations newly admitted to WFC membership at the Assembly – the other was the Indian Association of Chiropractic Doctors.
- **Greece.** The practice of chiropractic is legal but as yet unregulated in Greece. Recognition and regulation are a particular challenge because under Greek law, as explained by Ellenic

Chiropractic Association President Dr. Vasileios Gkolfinopoulos, the government has to provide and fund education for any health care profession regulated by law.

- **Iran.** The Iranian Chiropractic Doctors Association (ICDA) now has 21 members, the chiropractic profession is regulated by law in Iran, and the Ministry of Education is currently reviewing two proposals for university-based chiropractic education. Patients usually have to wait more than a month to see a chiropractor. ICDA Past-President Dr. Hossein Sabbagh, who has chiropractic but not medical qualifications, has recently been appointed to the Medical Council.
- **Israel.** Dr. Ofer Baruch, President, Israeli Chiropractic Society, advised that Israel now has 85 chiropractors – with significant numbers trained in each of North America, Europe, Australia and South Africa.
- **Italy.** Dr. John Williams, President, Association of Italian Chiropractors, was only one of several leaders – others included Dr. Andrew Lawrence from Australia, Dr. Janet Ruth Sosna from Singapore and Dr. Barry Lewis from the United Kingdom – who reported that efforts to advance the profession were being undermined by those relatively few but highly visible chiropractors promoting pre-packaged, high-volume treatment programs.
- **Japan.** Dr. Hirofumi Nakatsuka, President of the Japanese Association of Chiropractors, which represents 263 of the 414 duly qualified chiropractors in Japan, announced a new JAC strategy to combat the problem of many unqualified persons practising as chiropractors – given that there is no law or prospect of law in the near future to regulate chiropractic practice. His association is establishing a JAC Registration Board, which will provide two levels of examination and recognition – for a chiropractor and for a chiropractic technician – then promote public recognition and use of the JAC register.
- **New Zealand.** New NZCA President Dr. Steve Morse reported that New Zealand now has 225 chiropractors for a population of 4 million and new revised licensing legislation in the Health Practitioners’ Competency Act. The NZCA, beating the WFC to the gun on the issue of identity, has positioned chiropractors as “the leading profession in spinal health care”.
- **Norway.** Dr. Øystein Ogre, NCA President reported major advances in Norway which has 340 chiropractors. Following a pilot project in 2002/03 which has now demonstrated the cost-effectiveness of chiropractic care, the government announced in May this year that there was to be permanent direct funding for chiropractic services, including diagnostic imaging, together with permanent rights of direct referral from chiropractors to medical specialists and PTs. Sick leave may be authorized for patients for up to 8 weeks. Additionally the government has voted to support a government-funded university-based chiropractic school in Norway, anticipated to commence at one of two competing universities in Oslo and Stavanger in 2007.
- **Peru.** Peru, like many other countries where the practice of chiropractic remains unregulated, has a smaller number of duly qualified chiropractors (20) than pseudo-chiropractors (100-200). In these circumstances, however, a major health plan is

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(i.e. open or wildcard members).

f) A representative of major vendors to the chiropractic profession.

g) 5 public members chosen by the co-chairs, each bringing appropriate expertise to the Task Force.

The names of the 40 persons on the Task Force appear in Table 1. Their photographs and summary descriptions may be found at www.wfc.org under 'Identity Consultation'. The only organization that declined its invitation to participate was the World Chiropractic Alliance.

Lay representatives, all of whom are familiar with the profession as patients, were Professor Pran Manga (Canada), health economist and co-author of the 1993 *Manga Report*,⁴ Dr. Irene Turner (UK), lecturer/researcher in engineering and biomaterials, Dr. Matthew Givrad (Iran and USA), a specialist in education, Ann-Liss Taarup (Denmark), President, Danish Pro-Chiropractic Association and European Federation of Pro-Chiropractic Associations, and Dr. Bram Briggance (USA), a health workforce policy expert from the University of California at San Francisco.

7. WFC Task Force - Activities. Major activities were:

a) *September 2003 – February 2004.* Review of relevant past research (e.g. opinion surveys of the profession and the public in various countries) and development of a draft proposed survey of chiropractors. Abstracts and references for much of that research are at www.wfc.org.

b) *February 26-28, 2004 – First Task Force meeting.* Day 1 focused on the public's perspective, and featured presentations from marketing experts, the five lay persons on the Task Force and representatives of the medical profession and third party payors. Day 2 focused on the chiropractic profession's perspective. Opening presentations by Dr. Carl Cleveland III, Dr. Cheryl Hawk, Dr. Scott Haldeman and Dr. Donald Epstein were followed by group and plenary discussions. Day 3 comprised detailed review and further development of the draft proposed survey of the profession – both its content and method of administration.

c) *March to October 2004.* Principal activities were pilot testing of the draft survey of the profession; gathering of a database of almost 30,000 email addresses; promotion of awareness of the proposed survey; and continued gathering and review of past surveys/research relevant to identity.

d) *October 4-24, 2004.* Performance of the electronic survey of chiropractors worldwide by Manifest Communications, with the survey being live for three weeks.

e) *January 21-22, 2005. Second Task Force meeting.* Major purposes were to review all the evidence, including the results of the survey of chiropractors which were now available, and to debate and reach agreement on what public identity should be recommended to the WFC and the profession.

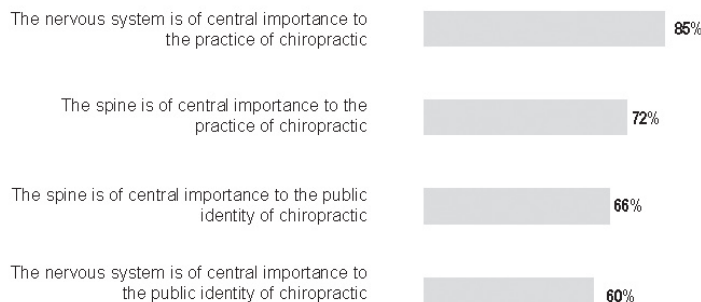
Figure 1

Relative Importance to Identity of the Spine and the Nervous System – Survey Result

Q9. Please indicate the extent to which you agree or disagree with the following statements. Please use the 7-point scale below, where 1 means strongly disagree and 7 means strongly agree.

% Rating Level of Agreement a 6 – 7

(on a 1-7 scale from Strongly Disagree to Strongly Agree)



Comments from Manifest: While the nervous system is viewed as being fundamental to the practice of chiropractic (more so than the spine), it is viewed as being less important when it comes to framing the profession's identity.

Adapted from: WFC Survey of Chiropractors, Quantitative Research Findings, December 2004

f) *February to May 2005.* Preparation and distribution to WFC member associations of the Task Force's final report.

g) *June 15, 2005.* Presentation of the final report to the WFC's 8th Biennial Congress, Sydney, Australia.

D. SURVEY OF THE PROFESSION

8. The survey form and the results⁵ may be found at the WFC's website www.wfc.org. The three challenges presented by the ambitious goal of surveying chiropractors worldwide were selecting the most relevant and important questions, designing a survey that was understood and seen as fair by chiropractors from many different language, cultural and philosophical backgrounds, and achieving an adequate and representative response rate. All challenges were met, and it is noted:

a) The content, comprising 16 substantive questions and several demographic questions (e.g. age, sex, college and year of graduation, in practice vs in education/research, etc), was first chosen by the Task Force. It was then converted to a standard survey format by the marketing professionals who would later perform the survey, pilot tested for face and content validity (i.e. clarity and appropriateness) in several countries in North America and Europe, and then amended into final form. As testimony to how successfully this was done, the WFC advises that it has not received a single complaint concerning the content of the survey since completion 9 months ago.

b) A database of 29,094 email addresses was compiled. Approximately 28,000 addresses were provided by WFC member associations and other organizations, approximately 1000 addresses by individual chiropractors responding to notices that such a survey was to be performed.

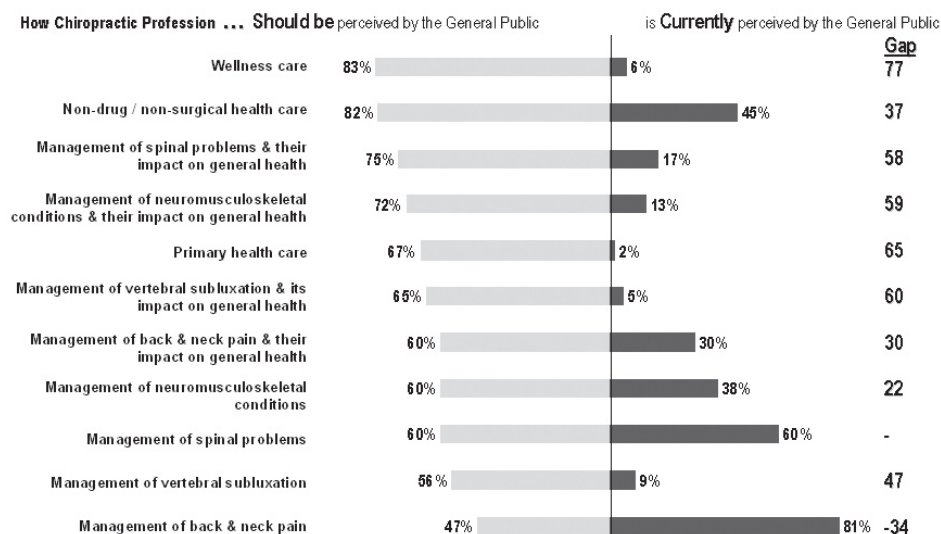
c) The survey was live via website for three weeks from October 4 to 24, 2004, with each chiropractor in the database receiving three email notices requesting participation. There were 3,689 complete responses from chiropractors in 54 countries, representing a response rate of 12.7%. Anything

Figure 2: Perceptions of How the Profession is and Should be Perceived by the General Public

Q6. Please indicate how well each of the following statements describes how chiropractic health care *is currently perceived by the general public* in your country. Please use the 7-point scale below, where 1 means does not describe public perception at all and 7 means describes it perfectly.

Q7. Please indicate how well each of the following statements describes how you *would like* chiropractic health care to be perceived by the general public in your country. Again, please use the 7-point scale below, where 1 means does not describe what I would like at all and 7 means describes what I would like perfectly.

Percentages below are for those answering with a rating of 6 or 7 for each of the 11 options given for each of the 11 options given.



Adapted from: WFC Survey of Chiropractors, Quantitative Research Findings, December 2004

is perceived and alternatively *should be* perceived by the public, chiropractors recognized the huge gulf between actual identity (the public's view) and desired identity (what chiropractors would like if they could simply ignore the public's perspective). This gulf is illustrated in Figure 2. The most saleable identity to the public among the 11 options offered in the survey is "the management of back and neck pain." This, however, is the least preferred by the profession. The most preferred options for chiropractors are "wellness care" or "the management of spinal problems and their impact on general health". However the public has little recognition or understanding of these wider health goals. The identity in which the perceptions of the public and the profession are most closely matched – equal, in fact, in this survey – is "management of spinal problems."

over 10% is regarded as strong for an unsolicited survey of this nature without reward. Accordingly, as Mark Sarner, President of Manifest Communications reported to the Second Task Force meeting, these results represent "accurate, valid and strong data on the opinions of grassroots chiropractors worldwide."

d) The results as reported by Manifest, and as currently appearing at the WFC's website, are weighted to reflect the true distribution of the profession over the participating countries. There are statistically significant differences of opinion between some demographic subgroups on various items, but overall results are remarkably consistent.

e) Go to the website for the complete results. However items given as key opinions of chiropractors in the Task Force's final report include:

(i) The chiropractic profession does suffer from an unclear identity and position within health care, and it is important that a clear identity be established.

(ii) Chiropractic is generally viewed by others as complementary and alternative, but should be viewed as mainstream.

(iii) Both the general public and the medical profession have no clear perception of the chiropractic profession, or view it as specialty care, whereas the chiropractic profession should be viewed as providing focused scope primary health care as defined in the survey.

(iv) While the nervous system is of more central importance to the *practice* of chiropractic than the spine, the spine is of more central importance to the *public identity* of the profession. Figure 1 illustrates this finding.

(v) 'Non-drug, non-surgical' is a strong brand advantage for the profession, and a large majority of chiropractors agree with the WFC's policy against the use of prescription drugs in chiropractic practice.

(vi) Given 11 sample identities for the profession, and asked how well each of them described how chiropractic health care

(vii) In determining the most appropriate identity, whose view is more important – that of the public or that of the profession itself? Asked "when communicating with the general public to promote the use of chiropractic services, which view to you think *should* receive more emphasis" . . . respondents were divided in their opinions. 25% said the general public's view (which is consistent with fundamental marketing principles), 21% said the profession's view and 54% saw both views as equally important.

9. Why did this survey have questions asking chiropractors about the opinions of the public? This was to learn whether or not the profession understood public opinion on the role of chiropractors in health care, opinion already well-known in many countries as a result of published research. The survey demonstrated that chiropractors understood public opinion well.

E. TASK FORCE REPORT

10. Armed with the above survey findings the Task Force met again and then prepared its final report. This report, also available at the WFC's website, acknowledges that an effective identity for the profession, too long missing and now urgently needed, must contain a clear and concise leading statement that is "immediately relevant to both the public and the profession." It must stand out, like a pole or a beacon.

That leading statement, supported unanimously by the Task Force members and now the WFC Assembly, is "the spinal health care experts" in the mainstream health care system. To comment on this:

d) This is a much wider claim than the management of spinal pain and other symptoms – it encompasses the role of the spine in health. Others may be experts in pain management, or spinal surgery, or spinal rehabilitation – but chiropractors assert they are experts in spinal health care. They have the broadest ownership of the spine.

e) The leading statement of identity is then supported by the other important statements and attributes already listed above in the introduction. The first emphasizes the chiropractic focus on function, not only in the spine but also the neuromusculoskeletal system, and the impact of this “on overall health, well-being and quality of life.” There is an emphasis on a biopsychosocial approach, and collaboration with other health professionals, and a particular chiropractic emphasis on “the relationship between the spine and the nervous system.”

f) These Task Force recommendations can be seen to be consistent with the survey and other evidence received, but they are also consistent with the personal experiences of the Task Force members. As the final report indicates Dr. Scott Haldeman, an internationally respected leader in the profession, when asked to present his personal views at the first Task Force meeting said plainly and simply that “the identity of the chiropractic profession is irretrievably linked to the spine.”

The report then explains that at the second Task Force meeting Bram Briggance PhD, a public member of the Task Force who is Program Director for a health workforce policy unit at the University of California at San Francisco, provided this anecdote. When he told his wife he was preparing a speech on the centrality of the spinal column to the chiropractic profession this seemed so obvious to her that “she refused to believe he was serious.” When he explained what he was doing to his 14 year old son, his son quipped “I hope you’re not getting paid to prove that!”

F. CONCLUSION

In 1998 the Institute for Alternative Futures (IAF), commissioned by NCMIC Insurance to study then offer insights on the future of the chiropractic profession in the USA, described a

range of possible scenarios from significant growth to major contraction and hard times. It emphasized that the starting point had to be a consultation with individual chiropractors, the grassroots profession, to establish a shared identity and vision. “Without a clear and agreed upon role”, said the IAF, “the profession will decline and suffer greatly in the near future because of new competitive pressures”.⁶

The World Federation of Chiropractic, after full consultation, has now provided that “clear and agreed upon role”. It is exciting to contemplate unified action worldwide based on the newly defined mainstream identity. This should be by you and other chiropractors individually, and through your local and national associations.

The roadmap has been agreed – now the journey begins. **TCR**

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continued from page 5

now providing benefits for chiropractic treatment – but only if provided by a duly qualified chiropractor who is a member of the Peruvian Chiropractors’ Association.

• **Portugal.** Dr. Helder Prazeres reported a similar situation to Peru – 30 DCs but hundreds of pseudo-chiropractors in Portugal. However in August 2003 the Portuguese government passed law to provide for the recognition and regulation of six ‘alternative medical professions’ including chiropractic, and a Regulatory Commission is currently working on the detailed legislative framework. APQ President, Dr. Antonio Alves represents the profession on that Commission.

• **South Africa.** Dr. Chris Neethling, Past-President, Chiropractors’ Association of South Africa (CASA) reported that the two government-funded chiropractic schools – at the University of Johannesburg and the Durban Institute of Technology – are now approximately 10 years old and well-established. Both have a model of five years fulltime undergraduate education followed by a one year associateship prior to eligibility for independent registration and practice.

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