The Chiropractic Report

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Professional Notes

Disc Prolapse – Reversal with Repeated Extension

A new basic science study from Joan Scannell, PhD and Stuart McGill PhD, biomechanics experts from McGill's renowned Faculty of Applied Health Science, University of Waterloo, Ontario, Canada, employed C3/4 segments from porcine cervical spines to demonstrate:

a) That repeated flexion or flexion/side flexion causes disc prolapse. This was known from previous research. However, new and of interest was:

b) That reversal loading, namely repeated extension or extension/side flexion, directs the displaced portion of the nucleus back towards the center of the disc - in discs where prolapse is not associated with large loss of disc height, but not where there has been major loss of disc height and the prolapse is more severe.

Prolapse was defined as "a posterior/lateral shift of the nucleus of at least 50% (2-3 mm) of the pre-test width of the annulus." Cervical spine segments that

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The Road to Integration

WFC's Montreal Congress Reports on Progress

A. Introduction

THROUGHOUT A TURBULENT 20th century the chiropractic profession was known for its independence and its relative isolation from other health professions – partly by choice, partly by barriers placed in its way.

Winds of change have been apparent since the 1990s. The profession is now committed to integration into mainstream education, research and evidence-informed practice, bringing its principles and knowledge and clinical skills to the wider healthcare team and a wider population of patients. More than 1,100 doctors of chiropractic and students from 38 countries attending the World Federation of Chiropractic's 10th Biennial Congress in Montreal, Quebec, Canada on April 30 to May 2, 2009 experienced an historic event in the evolution of the profession – the moment in time in which the turn of the tide to mainstream acceptance and practice became fully apparent. Therefore for example:

• Dr. Scott Haldeman, the profession's most renowned research leader, opened the Congress by reviewing the now sound research and evidence-base for chiropractic management of patients with acute and chronic back pain, neck pain and headache, some of the most common and expensive conditions affecting populations today.

• Following speakers described the integration of chiropractic services in mainstream community and hospital-based care in Europe and North America.

• Dr. Andrew Dunn, staff chiropractor at the Western New York Veterans' Administration Medical Center in Buffalo since 2004, described chiropractic services at 81 military and veterans' medical centers/hospitals throughout the US, and how chiropractic students from 11 US colleges were now doing clinical rotations at these facilities.

• Dr. Deborah Kopansky-Giles of Canada explained new government policy in Canada requiring all health sciences students to have formal interprofessional education (IPE) in their curricula so that they can better understand the roles of all health professionals and work in greater collaboration in contemporary healthcare systems in the interests of patients.

• In two standing-room-only sessions, delegates heard 15 minute presentations from eight Canadian chiropractic scientists, all holding PhDs and research chairs in major public universities, describing their published and ongoing research. (See Table 1 for more on this).

• In a keynote lecture Dr. David Eisenberg of Harvard, reported his integration of chiropractic and other complementary services (e.g. acupuncture, massage) with medical care at Harvard, and a pilot trial showing greatly improved outcomes for chronic back pain patients as a result. Having heard the Canadian researchers the previous day, Dr. Eisenberg told the Congress how extremely impressed he was with the intellectual calibre and depth of the chiropractic research described.

• Dr. Jack Taunton and Dr. Robert Armitage, respectively Chief Medical Officer and Coordinator, Chiropractic Services for the 2010 Vancouver Winter Olympic Games, described the full integration of chiropractic services within the core sports medicine team for the Games – the first time that chiropractic

services have been available to all athletes in the main games treatment facilities (polyclinic and venues).

• Dr. Georges Benjamin, Executive Director, American Public Health Association (APHA), and former Secretary for Health, State of Maryland, spoke of the now established and important role of the Chiropractic Health Division in the APHA, addressing issues such as tobacco use, exercise, diet and obesity, and prevention of musculoskeletal disability.

• In lectures and joint workshops Amy Freedman, MD and Brian Gleberzon, DC of Canada spoke of collaborative medical and chiropractic care for seniors; Heiner Biedermann, MD of Germany and Jeanne Ohm, DC from the US spoke of common approaches to the manual assessment and treatment of infants.

Here was a celebration of chiropractic at which the main theme was integration not isolation.

2. Why is the chiropractic profession making this transition? Is this consistent with major trends in national healthcare systems and patient needs? What are these major trends, and what opportunities and challenges do they create for the profession?

These questions were addressed by health policy experts at the WFC's Assembly of Members at the Congress. In this issue of *The Chiropractic Report* we review these questions and report further on the Congress.

B. Trends in Healthcare and Chiropractic

3. Dr. Margaret Chan, Director-General, World Health Organization, described six major trends in health systems worldwide as she opened the WHO's first ever Congress on Traditional Medicine in Beijing, China last November. ('Traditional medicine' is the name WHO gives to complementary and alternative medicine or CAM, main branches of which include herbal medicines, manual healthcare methods and acupuncture). These six, all of clear significance to the chiropractic profession, are:

• The aging population

• Rise in chronic conditions

• Increasing and unacceptable healthcare costs

• Depersonalization of healthcare

• A new emphasis on prevention rather than cure

• Integration of mainstream and alternative healthcare disciplines

This was the stimulus for the WFC inviting health policy experts to its Assembly in Montreal held on April 27-28. First to speak was Bram Briggance, PhD. As Program Director, Center for Health Professions, University of California, San Francisco, Dr. Briggance developed expertise in connection with many health workforce issues – education, supply and demand estimates, regulation and scopes of practice, demographics and geographical distribution, globalization and changing patterns of work.

His many health workforce publications address issues in medicine, nursing, allied health, pharmacy, dentistry, the mental and behavioural health workforce, chiropractic and the specific workforce needs of hospitals and community clinics. He brought 15 years of practical and research experience to the Assembly.

Main observations from Dr. Briggance were:

a) Current health systems are proving inadequate to address needs, given various demographic changes including the aging population

b) The limits of the "medicalization" of health, and a system built on acute care on a narrow bio-medical model, are now being recognized

c) Serious questions are finally being asked about *value*. In the US 16% of gross domestic product or $2.3 trillion is being spent annually with poor outcomes in comparison with other countries – and estimated waste is "at least $800 billion".

d) All these factors are producing a shift from a healthcare provider-based or "supply-based system" to a "demand-based economic model" – where the focus is on patient needs, and on accountability of providers in terms of quality, cost, access and value.

e) This is placing new demands on, and "very serious stress" for, all health professions and the profession-based model of care.

Briggance summarizes these changes in Table 2. He asked what he called "the one big question" – in the emerging marketplace, and for policy stakeholders. That question is "what is the *value* of chiropractic?"

He stressed that in 2009 the profession

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Table 2: Current Transitions in Health Care – Bram Briggance, PhD

Cost Unaware → Cost Accountable

Technologically Driven → Humanely Balanced

Institution Based → Community Focused

Professional → Managerial

Individual → Population

Acute → Chronic

Treatment → Management/prevention

Individual Provider → Team

Competition → Cooperation

Disaggregated → Integrated

Source: Pew Health Professions Commission, 1991, 1993

Table 1: Canadian Chiropractic Research

Under a program planned by the Canadian Chiropractic Association, jointly funded by the CCA and the Canadian government, and led by consultant Dr. Allan Gotlib, chiropractic scientists hold Research Chairs at leading universities across the country – conducting their own research and mentoring other DCs pursuing their PhDs. Eight who gave overviews of their work at the WFC's Montreal Congress are:

• **Jean Sebastian Blouin, DC PhD**, School of Human Kinetics, University of British Columbia, Vancouver. Blouin's research focuses on the physiology of human movement with particular interest in the neurophysiology of the deep and superficial tissues and responses evoked by whiplash and other spinal perturbations. His recent experiments suggest that neck muscle contractions during whiplash acceleration can be associated with injuries – contraction and startle response is quicker than previously appreciated.

Right *Dr. John Srbely answers a question, watched by Dr. Jason Busse (*left*), Dr. David Cassidy and Dr. Jill Hayden.*

Below *Responding to questions are (*from left*) Dr. Jean Sebastian Blouin, Dr. Greg Kawchuk, Dr. Mark Irwin and Dr. Martin Descarreaux.*

Bottom of page *Full house*

• **Jason Busse, DC PhD**, Department of Surgery, McMaster University, Hamilton, Ontario. Dr. Busse, whose doctorate is in clinical epidemiology and biostatistics, has a research interest in complex disability, with a particular focus on identifying predictors for prolonged recovery at an early stage, and addressing these through collaborative treatment.

• **David Cassidy, DC PhD, DrMedSc**, University Health Network and Dalla Lana School of Public Health, University of Toronto. Dr. Cassidy, an epidemiologist and a leading international researcher in the fields of neck and back pain, directs the Centre of Research Expertise in Improved Disability Outcomes (CREIDO) in Toronto. He introduced CREIDO, a world leading network of collaborating scientists and clinicians engaged in transdisciplinary research aimed at preventing and reducing chronic musculoskeletal pain and disability in injured workers.

• **Martin Descarreaux, DC PhD**, Université du Québec à Trois-Rivières. Dr. Descarreaux leads a multidisciplinary group of investigators exploring the fundamental mechanisms underlying spine movements and spine stability, and studying somatovisceral interactions in humans.

• **Mark Erwin, DC PhD**, Division of Orthopaedic Surgery, University of Toronto. Dr. Erwin's research, which has attracted international attention, concerns what is potentially the first regenerative treatment for intervertebral disc degeneration. He described his research with non-chondro-dystrophic and chondrodystrophic dogs – the former retain notochordal cells within the disc throughout adult life affording apparent protection from degenerative disc disease, the latter do not. Dr. Erwin and his team have now identified a number of proteins and factors produced by these notochordal cells, and he described these and his ongoing work.

• **Jill Hayden, DC PhD**, Department of Community Health and Epidemiology, Dalhousie University, Halifax, Nova Scotia. Dr. Hayden, whose doctorate is in the field of systematic reviews and evidence-informed healthcare, spoke of her research relative to low-back pain. She now leads a new Cochrane Collaboration Group in Nova Scotia, looking particularly at prognostic factors for low-back pain.

• **Greg Kawchuk, DC PhD**, Department of Physical Therapy, University of Alberta, Edmonton. Dr. Kawchuk holds the prestigious Canada Research Chair in Spinal Function at the University of Alberta. His doctorate is in biomechanics and he described current projects including the use of robotics to identify which spinal tissues are affected by manipulation; how changes in spinal stiffness may identify responders and non-responders to manipulation; and a new technique to provide a placebo for manipulation in research – involving the use of anaesthesia with subjects. He currently supervises 10 graduate students seeking master's and doctoral degrees.

• **John Srbely, DC PhD**, Department of Human Health and Nutritional Sciences, University of Guelph, Guelph, Ontario. Dr. Srbely spoke of his research interests in the fields of spine biomechanics and neurophysiology, specifically the neurophysiology of myofascial pain, the neurophysiologic mechanisms of central sensitization, and the impact of these on the clinical presentation and pathophysiology of myofascial pain.

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Disc Prolapse – Reversal with Repeated Extension

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prolapsed during flexion testing were put through a reversal test which consisted of 10° of repeated extension or combined extension and side flexion at a rate and frequency described in the paper. An independent and blinded radiologist did all the readings. Five of 11 prolapsed specimens had moderate disc height loss and all responded to reversal testing. Six had severe disc height loss, and none responded to reversal testing - they all demonstrated more volume of prolapsed material posteriorly and close to the outer annulus.

Scannell and McGill explain that this is all consistent with what has been reported in research on the McKenzie Method. McKenzie has found that in more than 9 of 10 cases (91%) where extension successfully centralizes and reduces pain, patients still have an intact annulus.

(Scannell JP, McGill SM (2009) *Disc Prolapse: Evidence of Reversal with Repeated Extension*, Spine, 3(4):344-350)

Other Research Notes

1. **US and Europe – Spine Surgery Under Attack**

A new article in *Spine* from leading orthopedic surgeons in the US, the Netherlands and Spain notes that the current system of approval of drugs and surgical procedures based on industry-sponsored clinical research is "broken" and that "clinicians can no longer rely on the medical literature for valid and reliable information." The authors note that the US Consumer Reports "recently listed spinal surgery as number one on its list of over-used tests and treatments".

This is an outspoken and frankly brave article on the grave state of spine surgery. Purposes of the article are:

• To identify the weaknesses and commercial bias in the current system of regulation of new devices in spinal surgery, and the resultant weakness in clinical research and evidence of safety and effectiveness.

• To explain to surgeons what governments and third party payers are now doing in response, given scepticism and the fact that "the development and diffusion of new medical technologies and therapies" is causing much more spending growth than the aging population or any other factor. Responses include limiting or refusing coverage for common surgical procedures. They also include preparation of new draft legislation to create a non-profit Healthcare Comparative Effectiveness Research Institute, with funding from both public and private sources, to supervise "the creation of a national research agenda and commission independent research on the safety and effectiveness of a broad range of medical procedures."

(Carragee EJ, Deyo RA, Kovacs FM et al. (2009) *Clinical Research: Is the Spine Field a Mine Field?* Spine 34(5):423-430)

2. **France – Effectiveness of Lumbar Belts.**

A new multicentre, randomized controlled trial from France reports that the use of a lumbar belt is effective for subacute low-back pain patients receiving usual medical care - if use of a belt is added they get significantly better results. Previous evidence has been limited and of poor quality.

In this RCT 44 MDs enrolled l97 adult patients with subacute LBP (an initial or recurring episode lasting 1-3 months, without pain radiating below the knee). Patients were recruited in blocks of at least six consecutive patients and randomized to a control group receiving normal medical care and a belt group given "an elastic textile lumbar belt Combetex with crossed bands and posterior metallic reinforcement" accepted as a Class 1 medical device in France.

Outcome measures were functional recovery on the EIFEL Scale (the French version of the Roland Morris Scale), change in pain intensity on a 100 mm VAS and change in consumption of medication. The belt group subjects had statistically significant improvement in comparison with the control group on all outcomes measures at one month and three month follow-ups.

Calmels et al. report these suggested mechanical effects, with references, to explain the benefits of lumbar belts - limitation of back mobility including flexion during activities of daily living, increase in intra-abdominal pressure, also decreasing disc pressure; limiting disc compression and pain; postural control, educating the patient to maintain the spine in greater extension to prevent back problems; adaptation of muscle activity.

(Calmels P, Queneau P, Haronet C et al. (2009) *Effectiveness of a Lumbar Belt in Subacute Low Back Pain: An Open, Multicentric, and Randomized Clinical Study*, Spine, 34(3):215-220)

WFC's 10th Biennial Congress – Highlights

The main article discusses interprofessional, research and policy issues at the World Federation of Chiropractic's Congress in Montreal, Quebec, Canada, April 30 to May 2, hosted by the Canadian Chiropractic Association. Here are other highlights.

WFC Assembly of Members. National associations from Indonesia, Serbia and the United Arab Emirates were admitted to WFC membership. This means the WFC now comprises and represents national associations in 92 countries. Many special reports included a presentation by Dr. Molly Robinson, a former student leader in the American Chiropractic Association and the World Congress of Chiropractic Students, now working as a technical officer for the World Health Organization in Geneva, Switzerland, pursuant to an agreement between WHO and the WFC – Dr. Robinson has thus become the first DC ever employed by WHO.

*Turkish delegates to the WFC Assembly, Dr. Aysegul Ozturk (*left*) and Dr. Mustafa Agaoglu (*right*) with Dr. Stathis Papadopoulos of Cyprus, WFC President and David Chapman-Smith, WFC Secretary-General*

News and Views

FICS Assembly and Symposium. The Fédération Internationale de Chiropratique du Sport (FICS), the international body representing sports chiropractic, held its Assembly at the Congress, together with a Symposium hosted by the College of Chiropractic Sports Sciences (Canada) and sponsored by Life University and Palmer College. The Symposium showcased major advances for FICS and sports chiropractic.

Keynote speakers included (*right*) Dr. Jack Taunton (*standing*) and Dr. Robert Armitage, Chief Medical Officer and Coordinator, Chiropractic Services, 2010 Vancouver Winter Olympic Games, where a team of approximately 40 sports chiropractors will be part of the core sports medicine team for all athletes for the first time, and (*left*) Mr. Ron Froehlich (*standing*) and Dr. Alex Steinbrenner, President, International World Games Association and Coordinator, Chiropractic Services, World Games. The World Games, held under the auspices of the Olympic movement and the most important international games other than the Olympics, are for sports seeking entrance to the Olympics – e.g. archery, body building, rhythmic gymnastics, rugby sevens, sumo wrestling. A FICS team of 38 chiropractors go to this year's World Games in July in Kaohsiung, Taiwan. For more on FICS visit www.fics-sport.org.

Congress Opening. The Congress began with an inspirational address from Canada's 2008 Athlete of the Year Chantal Petitclerc. Petitclerc, paraplegic and wheelchair-bound since a spinal cord injury at age 13, broke two world records when winning five track gold medals at the Beijing Paralympics – 100, 200, 400, 800 and 1,500 meters.

She spoke of her career, how to adjust and achieve your goals whatever may happen in life, the important role of chiropractic in her life as an elite athlete, showed the video of her narrow victory over two Chinese competitors in the 100 metres, and drew tears and laughter and a standing ovation from an audience in awe of her character and achievements.

Original Research. There were 155 original research submissions to the Congress – with 32 selected for platform presentation, 75 for poster presentation. Main research prizes, sponsored by NCMIC Insurance totalled US$20,000 and were:

First Prize – Scott Haldeman Award ($10,000)

Shawn He, MD MS, Veronica Dishman, PhD (Palmer College of Chiropractic, Florida) *Motor Neuronal Degeneration Following Knee Joint Immobilization in the Guinea-Pig: An Animal Model of Vertebral Subluxation Complex*

*Dr. Shawn He presents his research and receives the NCMIC First Prize, the Scott Haldeman Award, from Dr. Haldeman (*left*) and Dr. Louis Sportelli, President, NCMIC*

Second Prize ($5,000)

Maja Stupar, DC MSc, Pierre Côté DC, PhD, Melissa R. French MSc, Gillian A. Hawker MD, MSc (Canada), *The Association Between Low Back Pain and Osteoarthritis of the Hip and Knee: A Population Based Cohort Study*

Third Prize ($3,000)

Darcy Vavrek, ND MS, Mitchell Haas, DC, MA, Dave Peterson, DC (Western States Chiropractic College, Portland, Oregon), *Physical Exam and Self-Reported Pain Outcomes from a Randomized Trial on Chronic Cervicogenic Headache*

Private Practice Award ($2,000)

Marcos Antônio Monteiro dos Reis and Ranieli Gehlen Zapelini (Feevale University, Brazil), *The Prevalence of Musculoskeletal Disorders among Workers of a Metallurgical Company from the Serra Gaúcha*

Sister Yengo's Children. As at the last WFC Congress in Portugal in 2007, Sister Brigitte Yengo, DC MD of the Congo was present through sponsorship provided by Activator Methods and there was a raffle which raised over $5,300 from participants to support her orphanage and other impressive social work in the Congo.

Sister Brigitte Yengo addresses the Assembly

Sister Yengo spoke modestly but movingly about her work which has now drawn international respect and acclaim, It began with her orphanage for 60 children who had lost their parents through civil war and disease, and has recently included organizing the Congo's first ever. Special Olympics team for the Beijing Paralympics. To learn more about and support Sister Yengo's work go to www.sisteryengoschildren.org.

Social Program and Honour Awards. The crowning event of the social program was the Saturday Gala Banquet and dance at which the WFC honoured two individuals for outstanding contributions to the international development and growth of the chiropractic profession. The first was Dr. David Cassidy of Toronto, Canada. In presenting this award Dr. Scott Haldeman, Chair, WFC Research Council, pointed to Dr. Cassidy's two doctoral degrees and his distinguished career as a researcher, recently including his work on the Scientific Secretariat of the Bone and Joint Decade Neck Pain Task Force. Cassidy was principal author

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and its leaders must be asking this patient-based and demand-based question – not what the profession itself wants. He then observed that the chiropractic profession still "works in relative isolation" and has not yet created a formal, planned and clear demand model for its services. It now must.

Briggance then reviewed the practical realities of chiropractic practice and its public or market identity. He concluded that "the centrality of the spine to the identity of chiropractic is absolutely clear" and that any effort by the profession "attempting to uproot such a well-ensconced professional image" was dangerous to its future prospects and likely impossible. Chiropractic's core *value,* he advised, was conservative, cost-effective, patient-approved, spine care.

4. The second expert was Richard Branson, DC, Director of Chiropractic Services for the past 10 years at Fairview Health Systems, Minnesota's second largest private hospital system. In this role Dr. Branson has a clinical practice and oversees all chiropractic-related issues within Fairview. Branson has served on various committees, including the Health Services Advisory Council for the Minnesota Department of Human Services. He is a consultant to several national and regional managed care organizations.

Accordingly, Dr. Branson's perspective was that of a chiropractor familiar with relevant health policy issues and with how the core medical/government/third party payer system is responding – and is capable of responding – to these issues. He was therefore able to provide a realistic assessment of the current opportunities and challenges for the chiropractic profession with respect to better integration in healthcare. Key observations from Branson were:

a) The first and core focus must be the interests of patients. They are the one true source of energy, and the reason for existence, of health professions. The interests of the chiropractic profession are of course important – its development, growth, market share, principles, but these must not be the first focus.

b) With this focus on patients, it can be observed that spine care, particularly in North America, offers much untapped potential for improvement. With spinal problems there is a large burden of pain and disability, the incidence of chronic pain is increasing, costs continue to increase dramatically, and medical and surgical management approaches are often not well supported by evidence. For example in his state of Minnesota the Department of Human Services is reporting annual double-digit increased costs (over 10%) for each of advanced imaging, spinal fusions and facet rhizotomies for back pain patients, procedures with little or no supporting evidence for most patients who receive them. A recent article in the *Journal of the American Medical Association* reports expenditure of $86 billion on back pain in the US in 2005 – an inflation adjusted 65% increase since 1997 – accompanied by *increased* levels of disability.

c) On a demand-based model as described by Briggance, focusing on patient and system needs and value, there was a major opportunity for the chiropractic profession in providing conservative spinal care in integrated healthcare settings, such as his clinical setting in a large private hospital system.

d) There are four levels of integration said Branson, and the deeper the integration the better for patients, for cost savings, and for the professions involved:

i) Referral integration

ii) Physical integration

iii) System integration

iv) Medical record integration

e) Policy reasons that made the integration of chiropractic services attractive to patients and other stakeholders included:

- Conservative low-cost alternative care methods
- Portal of entry providers
- Good evidence of efficacy for treatments within the chiropractic scope of practice
- Strong evidence of patient satisfaction
- Widely licensed and regulated
- Availability of third party payment

Branson's suggested vision for chiropractic was "to serve the public as a unified profession as integrated spine care specialists". However the profession needed to invest in and act upon this vision in a planned and unified way if it was to be fully realized. Such integration involved something of a paradigm shift for many in the chiropractic profession and Branson quoted US futurist Joel Barker on visions and paradigm shifts as follows:

- Vision without action is merely a dream.
- Action without vision just passes the time.
- Vision with action can change the world.

5. The third and final expert addressing the Assembly was Cheryl Hawk, DC PhD. Dr. Hawk, who formerly practised chiropractic fulltime for 12 years and has her doctorate from the University of Iowa in the field of preventive medicine, is currently Vice-President of Research and Scholarship at Cleveland Chiropractic College. She has served on various health policy committees, including the National Advisory Committee for Interdisciplinary Community Based Linkages, US Health Resources and Services Administration, Bureau of Health Professions.

Dr. Hawk's main focus was the current trend towards health promotion and disease prevention, and patient needs and the role of chiropractic in that context. Key points were:

a) Health systems are broken and inefficient as already described, with costs spiralling out of control.

b) The main determinants of health are behaviour and physical and social environment – together responsible for 70% of premature deaths in the US – not biology, policy and interventions. In particular:

- Leading US causes of death in 1990 and 2000 were tobacco use (19% and 18%) and poor diet/physical inactivity (14% and 17%), far ahead of next causes of alcohol (5% and 4%) and microbial agents (4% and 3%).
- Leading cause of disability in the US and all developed countries at present, accounting for over 50% of chronic conditions in those over age 50, is musculoskeletal conditions.

c) All healthcare providers now need to have a focus on wellness to address these preventable and leading causes of death and disability, and chiropractors are "uniquely qualified" to

Table 3: Market Identity for the Chiropractic Profession

Unanimously agreed at the WFC Congress, Sydney, Australia, June, 2005.

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

2) *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).

3) *The Pole.* The pole should be: The spinal health care experts in the health care system.

4) *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 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, and individual responsibility for health and encouraging patient independence.

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

- Expert, professional, ethical, knowledgeable; and
- Accessible, caring, human, positive

For more on the extensive consultation preceding this agreement on identity, go to About WFC at www.wfc.org.

address them. Whether individual chiropractors choose to practise as spine specialists or broader family/wellness practitioners, tobacco use, inactivity and obesity affect spine symptoms, and musculoskeletal conditions affect daily activities of living and quality of life.

d) Chiropractic clinical preventive services, which should be an integral part of all chiropractic practice, should include:

- Manual procedures to promote homeostasis and optimal function
- Screening for risk factors for disease and injury
- Health behaviour counselling to promote health and prevent disease and injury

e) However the chiropractic profession faces challenges in establishing this role within mainstream healthcare. First this approach to clinical preventive services is significantly different from the medical one which is based upon screening tests/immunization/chemoprophylaxis. Second, problems internal to chiropractic are:

- Chiropractic education and research continue to focus on symptomatic and episodic care
- Wellness concepts are used by some to promote patient dependence, rather than multidimensional patient action, self-care and responsibility for health
- The profession needs to integrate with mainstream public health initiatives, and to create opportunities for certification in preventive and health promotion activities.

6. It is noteworthy that all this information and expert advice was consistent with the market identity of chiropractic unanimously adopted by WFC member associations worldwide in 2005 – namely doctors of chiropractic as spinal healthcare experts within mainstream healthcare, adopting a biopsychosocial, patient-centered and collaborative model of management. See Table 3 for a more complete description of that identity.

And that identity does appear to be guiding the profession at present. In a survey of the WFC's 90 member national chiropractic associations prior to the Congress, 86% of respondents (24 of 28) expressed strong or moderate support for the chosen identity and none opposed it. The WFC's three largest member associations, the American Chiropractic Association, the Canadian Chiropractic Association and the International Chiropractors' Association, support it. Further that identity was unanimously approved and adopted at a Summit meeting of all Canadian chiropractic organizations in Toronto in April as they met for a strategic planning session – provincial associations, educational institutions, regulatory bodies, etc.

7. As already described, the vision of chiropractic's integrative role in spine care presented by Briggance, Branson and Hawk was seen in action at the Montreal Congress. However, speakers involved in integrated practice, such as Dr. Eisenberg at Harvard, Dr. Dunn in Buffalo, Dr. Silvano Mior and Dr. Deborah Kopansky-Giles in Toronto, and Dr. Charlotte Leboeuf-Yde in Denmark, emphasized the major challenges involved. This was not only for integration of chiropractic and medical services, but all multidisciplinary management.

The key problem is that different health professionals know very little about each other's education, competencies and potential role in integrated care. Accordingly each successful initiative must include a structured, preliminary and ongoing interprofessional education component. It is now recognized that this can only be fully addressed over time by requiring much more interprofessional education and collaboration (IPE/IPC) starting at undergraduate level. For policy and information on this from Canada, for example, see:

- The federal government's Interprofessional Education for Collaborative Patient-Centered Care Initiative - http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index-eng.php
- The University of Toronto Office of Interprofessional Education mandate that all health science students beginning in 2009 will have to have elective credits in IPE to graduate - http://ipe.utoronto.ca/

C. Conclusion

8. Can the chiropractic profession unit behind an identity, vision and action plan that demonstrate the value of chiropractic services in the new patient and demand-based healthcare system – and that provide a successful roadmap for the future of the profession? There are many signs from the well-attended Montreal Congress that it can.

And further, in an encouraging and long-awaited development, all major organizations in the United States – including the American Chiropractic Association, the Association of Chiropractic Colleges, the Congress of Chiropractic State Associations and the International Chiropractors' Association – have just released a detailed joint policy statement on national healthcare reform "presented by a united chiropractic profession." This is consistent with the expert advice quoted in this Report. It acknowledges the need for a paradigm shift to a model of prevention and health promotion, the need for "a profound new level of accountability" for all healthcare providers, and a focus on quality of care, cost-effectiveness and patient rights. It describes doctors of chiropractic as "providers of cost-effective spine care for patients of all ages, with all its broad-body implications for health."

If chiropractic services can be successfully integrated in primary care in a Harvard teaching hospital, as Dr. Eisenberg reported in Montreal, and in a University of Toronto teaching hospital, as Dr. Kopansky-Giles reported, they can clearly be integrated in any primary care setting. This is promising news for patients, the profession and the healthcare system. TCR

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for the Task Force's population-based study demonstrating that stroke was associated in time with, rather than caused by, cervical manipulation – patients had the same risk of stroke whether they consulted a chiropractic or medical doctor.

*Dr. David Cassidy receives his WFC Honour Award from WFC President Dr. Stathis Papadopoulos (*left*) and Dr. Scott Haldeman*

The second WFC Honour Award went to Dr. Arlan Fuhr of Phoenix, Arizona, President of Activator Methods, presented by WFC Past-President Dr. Louis Sportelli. Dr. Fuhr was honoured not only for his innovations and contribution to the field of chiropractic technique, but also because of his long term commitment to clinical research.

*Dr. Arlan Fuhr receives his WFC Honour Award from Dr. Louis Sportelli (*right*) and Dr. Papadopoulos*

Closing Address and Next Congress. There was a standing ovation for the closing address from one of the profession's most eloquent and admired leaders, Dr. Gerard Clum, WFC Immediate Past-President and President of Life West College of Chiropractic in Haywood, California. Dr. Clum clearly struck a chord with many present as he praised the quality of the Congress, agreed that the necessary and logical way forward for the chiropractic profession was collaboration and integration as described at the meeting, but that as this integration occurred, the profession had to guard its heritage and reason for existence – the light, the principles, the philosophy of health that had been given to it by its founders.

Brazilian samba dancers and drummers appeared at the closing plenary session to clearly underscore the message that the next WFC Congress will be held in Rio de Janeiro, Brazil, April 7-9, 2011.

(Left) *Dr. Fred Carrick (chiropractic neurology) and* (right) *Dr. Gary Jacob (McKenzie Methods) present technique workshops*

Delegates perform Straighten Up spinal health exercises midway through a two-hour lecture session