

The Chiropractic Report

www.chiropracticreport.com

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November 2012 Vol. 26 No. 6



The Chiropractic Profession, Public Health and You

“Prevention and reduction of musculoskeletal complaints in children have the potential to reduce the occurrence of these disorders in adulthood and to improve general health by reducing the risk of obesity, cardiovascular disease, and other chronic noninfectious disease related to reduced physical activity. . . . The chiropractic profession is well-suited to address this important public health challenge.”

Lise Hestbaek, DC, PhD, JMPT, 2012

A. Introduction

A GOOD NUMBER OF CHIROPRACTORS are active in the field of public health. There is a well-established Chiropractic Division in the American Public Health Association (APHA).

Rand Baird, DC, MPH, of Los Angeles, chairs the Public Health Committee of the World Federation of Chiropractic (WFC) which has developed and widely promoted anti-tobacco and spinal health exercise programs during the past decade. Dr. Baiju Khanchandani chairs the Public Health Committee of the European Chiropractors' Union, which is engaged in many public health organisations and initiatives in Europe, including the provision of prolonged disaster relief services following earthquakes in Italy in 2009 and again this year.

However given the history of the profession, with its relative isolation within healthcare and focus on individual patients, many chiropractors do not participate in public health activities – and tend to tune out when the subject is their role and the role of the chiropractic profession in public health.

Today this is unwise, represents a significant mistake in building their practices and protecting their future, and prejudices the growth and success of

the profession in an increasingly complex world.

All of this is made transparently clear in a keynote editorial in the September issue of the *Journal of Manipulative and Physiological Therapeutics (JMPT)* titled *Chiropractic Care and Public Health: Answering Difficult Questions about Safety, Care through the Lifespan, and Community Action*.¹ Authors are JMPT editor Dr. Claire Johnson and 17 other experts. Although 20 pages in length, the editorial is written in 14 short sections and provides much excellent summarized thought and evidence.

2. The purposes of the editorial are to look at the public health issues of importance and relevance of both the profession and the public, and demonstrate why the profession in its education and professional life, corporately and individually, must move from isolation to integration and focus more fully on its role and impact in public health.

A “poster boy” example of this given in the editorial relates to Richard Visser, DC, PhD. In 2008 Dr. Visser, a Palmer West graduate from the Caribbean island nation of Aruba who subsequently obtained a PhD in the field of nutrition and obesity, wrote the *National Plan Aruba 2009-2018* for the fight against overweight, obesity and related health issues. He is now his country's Minister of Health.

Dr. Visser (*below*) was an extremely impressive after dinner speaker at the Saturday Gala Banquet at the WFC's Congress in Rio de Janeiro, Brazil, last year and, simply by being an example of a chiropractor elected Minister of Health, let alone his successful record in public



Professional Notes

What is Evidence-Based Practice?

Every two years the World Federation of Chiropractic and the Association of Chiropractic Colleges hold an international conference on issues of importance to chiropractic education and practice. The latest, held in Perth, Western Australia from September 26-29 had the theme of *Translating Evidence into Practice*.

Hosted by the School of Chiropractic and Sports Science, Murdoch University and the Chiropractors' Association of Australia (CAA), and co-sponsored by the International Board of Chiropractic Examiners (IBCE) and the Consortium of Chiropractic Institutions Asia Pacific (CCIAP), the conference brought together clinicians and representatives of chiropractic schools in 13 countries – Australia, Brazil, Canada, Denmark, France, Japan, Malaysia, New Zealand, South Africa, South Korea, Spain, the UK and the USA.

In a powerful opening session three speakers presented the three arms of evidence-based practice:

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health, is creating acceptance and more rapid growth of the chiropractic profession in Latin America and the Caribbean. He has been an important factor in Brazil, where chiropractic was virtually non-existent and unknown 15 years ago and is still unrecognized by law. When in Rio last year Dr. Visser met with orthopedic leaders, visited hospitals, appeared on television and had a significant impact. This appears to have been one factor in a development not yet seen in many countries. Porto Seguro Saude, is a new health care branch of one of the largest insurance companies in the country, and is including chiropractors in the many health promotion clinics it is now establishing.

3. The specific sections of the editorial appear in Table 1. Before commenting on some of these sections, here are some of the observations and conclusions Johnson et al. make in their discussion at the end of the editorial:

a) Chiropractors have traditionally focused on defending the profession from others in the healthcare system, which was forced upon them in the past, and this has “resulted in chiropractors acting as survivalists and reacting to external pressures instead of developing with proactive and collaborative strategies.” Chiropractic survived and grew, but as an isolated profession.

b) To become a truly established profession chiropractic must demonstrate – not proclaim, but demonstrate through its individual and corporate actions – “four key traits (of) a profession . . . abstract and specialized knowledge, autonomy, authority, and altruism.”

c) “Altruism” means being seen “to serve people in public health” rather than a group’s own self-interest, to have an evident focus “on what is best for the greater good of society.” This is what produces authority, and a common bond and collaboration with other professions and stakeholders.

d) Infectious diseases, and biomedical management of them with pharmaceuticals, “have traditionally been the focus of public health.” Chronic diseases, mostly ignored until recently, are now a major focus. These include diseases such as diabetes



Dr. Claire Johnson

and osteoarthritis which result from musculoskeletal pain and disability, and consequent inactivity, poor nutrition, obesity, psychosocial issues, and general poor health.

e) Chiropractic is well-suited to address these issues/risk factors and provide valuable new options in public health. In the US the Centers for Disease Control and Prevention list these “four modifiable health risk behaviors . . . responsible for much of the illness, suffering and early death related to chronic diseases . . . lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption. . . .”

f) If chiropractic approaches these and other public health issues “from a business perspective (e.g., how much money can one make from participating in public health efforts or how will using “public health” concepts attract more patients)” this lack of altruism will undermine the trust of patients and the public. On the other hand “achieving public trust has long-lasting impact and is something that money cannot buy.” There is no incompatibility between “earning money and having the patients’ best interest at heart . . . contrarily this is a formula for success.”

B. Care through the Lifespan

4. **Children and Adolescence.** Much is known and published about the huge burden of disability and cost of back pain and other musculoskeletal (MSK) disorders in working age adults. The APHA’s policy statement on Musculoskeletal Disorders as a Public Health Concern² explains:

- “Worldwide, musculoskeletal conditions are the most common causes of severe long-term pain and physical disability. The World Health Organization (WHO) estimated that about 30% of back pain worldwide was due to working conditions.”

- The economic impact of these conditions is staggering: in (the US) in 2004 direct expenditures in health care costs and indirect expenditures in lost wages were estimated to total \$849 billion, or 7.7% of the national gross domestic product.”



Dr. Lise Hestbaek

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Printed by Harmony Printing Limited, 416.232.1472.

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ISBN 0836-144

In her section of the *JMPT* editorial Lise Hestbaek, DC, PhD, from the Nordic Institute of Chiropractic and Clinical Biomechanics in Odense, Denmark, addresses what is now known about MSK problems in children and the potential roles of the chiropractic profession in prevention, treatment and public health. She explains, with scientific references for each point:

a. Back and neck pain are very common ailments in school age children.

b. The prevalence of low-back pain increases from pre-adolescence to early adulthood, but after that, the prevalence rates change surprisingly little.

c. Children and adolescents with MSK complaints have a higher risk of these problems as adults.

d. There is evidence that long-lasting pain conditions, including back-pain, are associated with “a generally decreased pain threshold” which “may induce a life-long cascade of negative

Table 1

Safety:

Is spinal manipulative therapy for neck and low-back pain a public health problem? *Sidney M. Rubinstein, DC, PhD, Pierre Cote, DC, PhD.*

Care through the Lifespan:

What is the role of chiropractic care in prevention or reduction of musculoskeletal injuries in children? *Lise Hestbaek, DC, PhD.*

What ways can doctors of chiropractic stay updated on evidence-based information about vaccines and immunization throughout the lifespan? *Stephen Injeyan, DC, PhD, Aaron Puhl, MSc, DC.*

Can smoking cessation be a prevention strategy for back pain? *Bart Green, DC, MEd.*

Does chiropractic have relevance within the VA Health Care System for chronic pain and comorbid disorders? *Jason G. Napuli, DC, MBA, Andrew S. Dunn, DC, MS, Med.*

How can chiropractic use cognitive behavioral therapy to address chronic low back pain as a public health problem? *Paul Dougherty, DC.*

What opportunities exist for doctors of chiropractic to more effectively serve the aging population? *Lisa Zaynab Killinger, DC.*

Participation in community health issues:

What is the role of ethics and the contribution of the chiropractic profession to public health? *Stacey A. Page, PhD.*

What public health roles can chiropractic interns perform for underserved communities in a collaborative environment? *John Stites, DC, Michael Ramcharan, DC, MPH.*

Can the chiropractic profession contribute to community health? *Robert A. Leach, DC, MS.*

What opportunities do doctors of chiropractic have to be involved in health care reform in the areas of prevention and public health? *Lori Byrd, MS.*

What role do citizen-doctors of chiropractic have in organizing community action on health-related matters? *Daniel Redwood, DC.*

How can our future chiropractic graduates become socially responsible agents of change? *Deborah Kopansky-Giles, DC.*

health events resulting in poor or general health and lower quality of life.”

e. MSK disorders and pain in childhood reduce motivation for and add a barrier to physical activity. Reduced activity “can have serious health implications over time. It is established that physical activity is one of the most important factors relating to several lifestyle disorders such as diabetes and cardiovascular disease, and it has been shown that increased physical activity in youth can reduce the risk of these disorders in adulthood.”

f. Evidence shows that health habits throughout the lifespan are established in youth and thus “promoting and maintaining a healthy level of physical activity in children and adolescents are essential to improve public health . . . an important element to reach lifelong health is to optimize musculoskeletal health.”

g. The chiropractic profession is well-suited to address “this important public health challenge.” Three important recommended action steps are:

- raising public awareness about the importance of musculoskeletal health in youth;
- establishing an evidence base for best treatment strategies;
- developing screening procedures to identify children at risk for musculoskeletal injuries.

Wouldn’t you love to see the chiropractic profession having a mature, multi-year, coordinated plan to make a major contribution to public health in this area – playing a prominent role but also collaborating with other stakeholders?

5. **Seniors.** Dr Lisa Killinger, from Palmer College of Chiropractic in Davenport, Iowa, asking and answering the question of what opportunities exist for chiropractors to better serve the aging population, explains that “for the first time in human history, the fastest growing subset of the population is the group that is 85 years and older . . .” This is a group she refers to as “the silver tsunami.” By the year 2040 “nearly 1 in 5 US residents will be 65 plus years old.” Here is another important clinical and public health area for chiropractic.

Dr Killinger explains that the stereotype of older patients never being willing to change their lifestyles is wrong. “The patient compliance literature reminds us that our aging patients are the most compliant patients of all.” Offering sound health recommendations to older patients is both gratifying and effective. It is “imperative that doctors of chiropractic not only discuss the patient’s current complaints, but also preventive strategies including fall prevention, nutritional counseling, and physical activity.”

6. The APHA policy on MSK Disorders already mentioned, which has goals of encouraging “the development and dissemination of educational initiatives and materials to address musculoskeletal disorders as a public health problems” and “to inform and train public health and healthcare workers in the prevention, treatment, and ongoing health promotion for people with musculoskeletal disabilities through public and professional education programs.”, has much comment on seniors. For example:

a. MSK disorders “are the leading cause of disability in the United States, accounting for more than one half of all chronic conditions in people aged older than 50 years in developed countries.”

b. “Aging populations throughout the developed world will result in increased numbers of people suffering from musculoskeletal conditions. . . . Joint diseases account for half of all chronic conditions in the elderly.”

c. “Forty percent of all women aged older than 50 years are expected to suffer at least one osteoporotic fracture in their lifetime, and osteoporotic fracture is associated with increased mortality.”

7. There are evidence-based interventions that can be used to educate the public about the importance of health promotion, prevention, and treatment of MSK disorders, but many of these interventions or programs “despite having strong scientific support have been implemented only on a limited basis.” The APHA refers to:

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The Chiropractic World

What is Evidence-Based Practice?

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- Research Evidence – Dr. Mellick Chehade, an Australian surgeon.
- Clinical Expertise – Dr. Jakob Lothe, President, Norwegian Chiropractors' Association
- Patient Values and Circumstances – Gio Terni, from the Health Consumers' Council of Australia.

Dr. Lothe (*below right*) echoed the views of many clinicians when he said he often feels like "Dr Jekyll and Mr. Hyde" in daily practice with individual patients - he understands and supports the importance of research-based clinical guidelines, but is also heavily guided by his own clinical experience and expertise, which may prevail over clinical guidelines with many patients.

The strength of the meeting was that it led to consensus statements supporting this as appropriate evidence-based practice. Clinicians should not react against the concept of evidence-based practice – but better understand its flexibility and true meaning.



Dr. Christine Goertz (*above left*), Vice-Chancellor for Research, Palmer College of Chiropractic, then described the significant ongoing investment Palmer has been making for the past 5 years in training faculty and amending curriculum to incorporate evidence-based learning in the educational process at Palmer.

Others, such as Dr. Charmaine Korporaal from the Durban University of Technology in South Africa and Dr. Ana Paula Facchinato from Anhembi Morumbi University in Sao Paulo, Brazil, then described developments at their institutions.

At the conclusion of three days of lectures and workshops the conference agreed upon a series of consensus statements. Key conclusions were:

- The profession should, in its education and practice, fully incorporate an evidence-based approach
- This should be upon the understanding that there are three equally important arms to evidence – research, clinical expertise and patient values and circumstances
- The reliance upon evidence-based learning was just one part of achieving a wider goal of education – providing students with the capacity for critical reasoning.

Source: WFC Quarterly World Report, September 2012

NIH-Funded Study Aims to Survey the Profession and Provide Chiropractors with Distance Learning about Evidence-Based Practice:

Volunteers Needed!

Volunteers are needed to participate in a 2-phase chiropractic research project about the use of evidence-based practice (EBP) in the chiropractic profession.

Michael Schneider, DC, PhD, clinical researcher, and Assistant Professor at the University of Pittsburgh, School of Health and Rehabilitation Sciences, is the principal investigator. Six other co-investigators in this study, called *Distance Education Online Intervention for Evidence-Based Practice Literacy*, or DELIVER are Gregory Cramer, DC, PhD (National University of Health Sciences), Roni Evans, DC, MS (Northwestern Health Sciences University), Mitchell Haas, DC, MA (University of Western States), Cheryl Hawk, DC, PhD (Logan College of Chiropractic), Matthew Leach, RN, PhD, ND (University of South Australia) and Cynthia Long, PhD (Palmer College of Chiropractic).

Four of the chiropractic co-investigators have previously received NCCAM/NIH educational grants to establish EBP courses and educational programs for their students and faculty. These programs have successfully raised student and faculty knowledge, skills, and self-confidence about the use of EBP.

The DELIVER study will build upon this foundation by developing an online educational program that teaches the nuts and bolts of EBP to chiropractors in private practice. It has two phases:

1) Completion of a brief online EBP survey called the Evidence-Based Practice Attitude and Utilization Survey (E-BASE). It was co-developed by Dr. Leach from the University of South Australia, and includes general questions about EBP and demographic information. It takes only about 10-12 minutes to complete online.

2) Completion of a series of free, distance-learning modules about EBP, taken online.

A number of chiropractors who complete the online questionnaire will be invited to participate in the second phase of the study. Up to 12 hours of free continuing education credits will be awarded for successful completion of the online program (in select states). These distance learning modules were produced at Northwestern Health Sciences University.

All chiropractors worldwide are invited to participate in the online survey phase of this study. However, only chiropractors who reside and practice in the U.S. are eligible for the second phase of the study.

The ultimate goal of this study is to demonstrate the effectiveness of a distance-learning program for improving the attitudes, skills, and use of EBP in chiropractic practice. *To find out more about how you can volunteer to participate: visit the DELIVER web-site at www.chirostudy.pitt.edu.*

News and Views

London 2012 and Chiropractic Services

As for the Vancouver Winter Games in 2010, chiropractors were part of the Host Medical Services Team for the London Olympic and Paralympic Games, led by Dr. Tom Greenway of London, Chiropractic Lead, LOCOG Team. That team provided comprehensive healthcare services for all athletes. In addition, there were sports chiropractic specialists with many national teams, such as those from Albania, Brazil, Canada, Costa Rica, Mexico, Sweden, the Ukraine, and the USA with 6 chiropractors.

Here, from the September 30 issue of the FICS News, are extracts from report from LOCOG Team members Dr. Tom Greenway and Dr. Richard Brown.

Tom Greenway, Chiropractic Lead, LOCOG Physical Therapies Team

Wednesday September 12, 2012 ended the 56 days that encompassed the Olympic and Paralympic Games of London 2012. A total of 28 chiropractors provided the chiropractic care, across three polyclinics from 0645 until 2330 every day. This was as part of the LOCOG host medical services available to all athletes, and in the multidisciplinary physical therapy clinics.

The provision of physical therapies in an interdisciplinary format, including osteopathy, physiotherapy and sports massage as well as chiropractic, was very well-received. Recognition was given that London 2012 offered one of the best polyclinic services at any Olympic Games, with much credit being given to the physical therapies team.

Richard Brown, LOCOG Physical Therapies Team

I started work at the Athletes' Village on Monday August 16, and the next day all of us in the Polyclinic were visited by Lord Sebastian Coe, LOCOG Chairman and, of course, former world record-holder in the 1500m and 1 mile. He made a point of telling me how important he felt that chiropractic's presence was at the Games, and that his career would have been far shorter than it was had it not been for chiropractic.

The Polyclinic was awesome – a state of the art facility which had cost £21 million. Arranged over four floors, it housed the best that modern medical technology could offer. The medical team included sports doctors, paramedics, nurses, osteopaths, physiotherapists and many others – the most comprehensive

multidisciplinary team and setting ever assembled by an Organizing Committee for an Olympics.

Our role as chiropractors was primarily dictated by the recognition that both we and the osteopaths were 'the spinal guys'. Working closely with our physiotherapy colleagues, we assessed patients together, agreed plans of management, took cases to our medical colleagues and lived the multidisciplinary dream. We shared techniques, experienced each other's styles of manipulation and manual therapy techniques and generally got to understand each other better.

The motto of the London 2012 Olympic and Paralympic Games was "Inspire a Generation". I think I speak for all chiropractors who played a part at London 2012 when I say we were inspired by events around us. We were inspired by athletes, by other health care professionals and by each other. We played a tiny part, but hopefully what we achieved by being there may inspire young chiropractors to recognise the value of working as part of a team.

The profession now has the opportunity for further integration into mainstream healthcare, but for this we must recognise there are rules to the game. Demonstrating an evidence-based approach to care, supporting research and recognising the value that others bring to the spine care marketplace are all critical factors to our evolution.



Dr. Raul Carrillo (right) at his 7th Olympics with the Ukrainian National Team, shown with Ukrainian boxing star and London gold medalist in the 60kg division, Vasyl Lomachenko, and Medical Director Dr. Oleksander Varavinskyi.



(Above) Dr. Tom Greenway (left) with Simeon Milton, Osteopathic Lead, LOCOG Team.



(Right) Dr. Brown in the Village with Lord Sebastian Coe, Chairman, London Organizing Committee for the Olympic Games.

- Osteoporosis prevention programs.
- Fall prevention programs.
- Programs addressing back pain or increased physical activity. (The Straighten Up America program developed by the chiropractic profession is referenced by the APHA.)
- Safe lifting programs for healthcare workers.
- Workplace ergonomics programs for both primary and secondary prevention.

C. Community Health and Action

8. Several authors consider the opportunities for individual doctors of chiropractic in community health, give examples, and explain the importance of this. Dr Daniel Redwood of Cleveland Chiropractic College, Kansas City, points out that chiropractors should fill “three key niches in their communities” in health, “each with a potential to strengthen the others.” These are:

- a. First and foremost, delivering quality chiropractic health care.
- b. Forming collaborative relationships with other health professionals.
- c. Becoming “engaged citizen-doctors, who through their actions demonstrate that they care not only about the health of their patients but also the overall health of their communities.”

Individuals should choose an issue based on what motivates them and aligns with their deepest values – whether this be concern about junk-food in school cafeterias, air and/or water pollution, advocacy for hiking or bike trails, or volunteering for Red Cross in the area of back injury prevention. The profession and its leaders should promote, and reward such behaviors.

Dr. Redwood gives the example of a successful anti-smoking initiative led by a chiropractor in Eufaula, a small city with 15,000 residents, in Alabama. An existing ordinance contained provisions that allowed smoking in all restaurants provided they offered nonsmoking sections, but these did not have to be properly shielded and the ordinance did not apply to restaurants seating less than 50 people. Stores serving the public could ignore the ordinance if they employed 20 or less.

The chiropractor gathered a group of similarly concerned citizens, which included a leader of the local American Heart Association chapter. They sought to ban smoking in all restaurants, bars, retail shops, and places serving the public, and to increase the awareness of the dangers of tobacco smoke through positive press coverage of this initiative. They succeeded in convincing the city council to ban smoking in all public places that serve minors, and to require a facility or restaurant that served the public to be fully smoking or non-smoking. Most businesses chose to be nonsmoking.

Dr. Robert Leach, in private practice in Mississippi and best known as author of *The Chiropractic Theories*³, supports the importance of individual chiropractors choosing to serve as citizen doctors and gives further examples. Chiropractors can act in consort with other stakeholders as change agents in their local communities on initiatives such as promotion of access to supervised after school sport and play activities, safe parks, public pools and other public fitness areas such as running and bike lanes and trails; creation of multiuse facili-

ties that include indoor walking and areas for senior citizens to gather for promotion of healthy activities such as a senior citizen center, and development of local Farmers’ Markets in public areas.

These things are best achieved by serving on or creating a community health committee, using evidence-based measures and activities, and working with other local stakeholders – for example, local government officials, school principals, nurses, public health officials, senior citizen groups, health educators, running/jogging groups, parks and recreation department directors, chamber of commerce, MDs, family nurse practitioners and other health professionals.

Lori Byrd, PhD, a health policy expert at Palmer College, explains the new opportunities for American chiropractors to be active in prevention and public health because of US healthcare reform and President Obama’s Affordable Care Act. One section of the Act (Title IV) focuses on promoting prevention, wellness, and public health through new initiatives and funding. This allows chiropractors and other professionals to advocate for prevention in public health.

Recent statistics show, says Byrd, that the majority of local health departments in the US have had cuts to services in at least one program each year since 2008. Given cuts to workforce and services, health departments will need additional support in the community. Byrd recommends that chiropractors “can sit on public health committees or help coordinate community actions on issues such as tobacco cessation, nutrition, or exercise.”

D. Education for Future Change

9. Other sections of the *JMPT* editorial deal with a number of important subjects for public health – safety, immunization, smoking cessation, chronic pain, and education of chiropractic students to become “socially responsible agents of change” who will naturally become involved in public health initiatives. Dr. John Stites, Director of Community Clinics at Palmer College, and Michael Ramcharan, DC, MPH, Associate Professor in Clinical Sciences at Texas Chiropractic College in Houston, Texas, write on the importance of students experiencing the clinical relevance of a public health focus, rather than receiving didactic teaching on the subject.

Clinical relevance may be found by chiropractic colleges providing clinical training in community clinics at which students are exposed to at-risk populations. Such populations and patients typically need “interventions for smoking cessation, weight management, nutritional education, and community support for everything from housing to mental health care issues.” Community health centers typically include many health professionals in their various services, giving students direct experience of the value of collaborating with others in the provision of individual care and public health.

10. Dr. Deborah Kopansky-Giles, on faculty at the Canadian Memorial Chiropractic College and the University of Toronto School of Medicine, and Manager of Chiropractic Services in an interdisciplinary family health unit at inner-city St. Michael’s Hospital in Toronto, also addresses how chiropractic and other health science students can become more socially engaged and committed to public health. Key points she makes are:

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The Bone and Joint Decade – Chiropractic and Public Health

The success of the Decade of the Brain 1990-2000 in raising awareness of the impact of brain disorders led to the January 2000 announcement at WHO Headquarters in Geneva of an important new world initiative for the awareness and advancement of research into musculoskeletal (MSK) disorders – the Bone and Joint Decade 2000-2010.

From the start the BJD called for multidisciplinary participation to help it achieve its formal aims which were and remain:

- To reduce the social and financial cost of MSK disorders to society.
- To empower patients to make decisions about their care.
- To improve prevention, diagnosis and treatment for all patients.
- To advance research on prevention and treatment.

Because it has been equally successful, the BJD has been continued since 2010, known as the BJD but also the Bone and Joint Initiatives (BJI). It provides an excellent example of the valuable role that the chiropractic profession, individually and corporately, can and should perform in public health – valuable for both society and the profession itself.

Leadership. The profession's efforts have been coordinated by the World Federation of Chiropractic. Dr. Scott Haldeman of Los Angeles, Chair, WFC Research Council, has been a BJD international ambassador for the past 10 years. WFC Council member Dr. Deborah Kopansky-Giles of Toronto is a member of the 18-person BJD International Coordinating Committee, which holds its

annual meeting this month in Vietnam. Chiropractors have been active in the leadership of the national member organizations of the BJD, known as National Action Networks (NANs). For example Dr. Jacob Lothe, president of the Norwegian Chiropractors' Association is president of the Norwegian NAN. Dr. Paul Dougherty of New York Chiropractic College and the American Chiropractic Association has been active in the leadership of the American NAN, the US Bone and Joint Initiative.

Scientific Advancement. Chiropractic scien-

tists have played a significant role, most prominently in the BJD 2000-2010 Task Force on Neck-Pain and its Associated Disorders, for which Dr Scott Haldeman was president and Dr David Cassidy was one of the two scientific secretaries.

The mission statement of the Task Force was "to review current knowledge about the epidemiology, treatment, and economic costs of neck-pain and related systems, and add new knowledge, incorporating patient preferences and values, in order to inform patients, clinicians, insurers, and health policy makers about this public health problem." The Task Force's report, published as a special supplement in *Spine* and the *European Spine Journal* in 2008 and later in *JMPT*, offered a new classification and understanding of neck-pain which are being widely adopted.

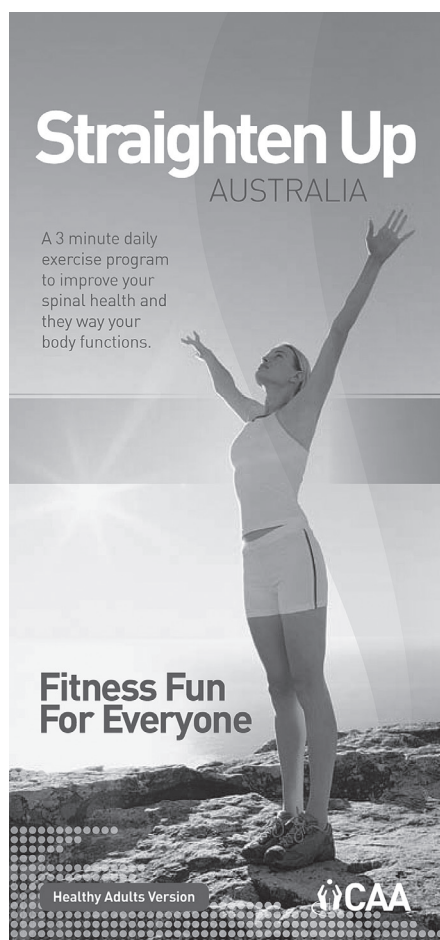
Public Education and Awareness. Many chiropractors and their educational institutions and associations around the world have been engaged in public education, principally in the areas of exercise and spinal health. As examples:

- In 2009 the international BJD adopted the StraightenUp Program, first developed by Dr. Ronald Kirk and colleagues at Life University in Atlanta, Georgia and featuring daily spinal and postural exercises, as a recommended program for its annual World Spine Day on October 16.
- This year the BJD asked the World Federation of Chiropractic to take responsibility for coordinating World Spine Day each year, and this was done in 2012 in part through development of the website www.worldspineday.org, which provides relevant

information and materials.

- National chiropractic associations in all world regions, for example in Australia, Cyprus, Hong Kong, South Africa, the UK and the USA, have developed spinal health and exercise programs for school children and the general public which may be seen at their websites.

Who can doubt that, in this era of growing technology, inactivity, and obesity from early childhood, the chiropractic profession has a more important role than ever to play in sustained and coordinated and collaborative public health initiatives such as this.



- Much of the health disparity and health inequity seen in North America and globally, and the resulting enormous cost in human and economic terms, can be traced back to failures in health professional education programs. So says a Global Commission on the Education of Health Professionals of the 21st Century. Health professional education programs have had static curricula which have produced “fragmentation, siloism, and ill-equipped graduates.”
- Major educational advances during the past century have been the moves to a science-based curriculum and problem-based learning. There is now a need for a move to inter-professional education (IPE), which occurs when students from two or more professions learn about, with and from each other. This has been demonstrated to reduce hierarchy in health roles; improve understanding of scopes and roles of practice; enhance team-based delivery care and efficient use of resources; and, most importantly, improve patient outcomes.” Medical educational programs in North America and elsewhere are being reformed to include IPE and, Kopansky-Giles explains, this should also be seen in chiropractic education.
- If chiropractic graduates are to have skills and competencies for social responsibility there must also be “experiential learning in vulnerable and underserved clinical settings” and faculty role models for this. The profession must provide the environment for this development – “it’s governing, regulatory and accreditation bodies need to lead by example.”

E. Conclusion

11. To summarize the core messages for chiropractors and the profession’s leaders in this significant editorial in the *JMPT*, the profession’s flagship journal:
 - The chiropractic profession must complete a significant sea

change if it and its individual members are to prosper in the future.

- It must earn more social and cultural authority and respect by building a reputation for altruism.
- A key to achieving this must be a new, sustained and clear focus on public health.
- The profession has great potential to offer a new and important model in public health, particularly at a time when international efforts in this field are shifting from sole focus on the management of infectious diseases relying on pharmaceuticals to an equal focus on chronic, lifestyle, non-communicable diseases. The natural focus for the chiropractic profession, made apparent by the many authors of this editorial, is maintaining spinal and musculoskeletal health, good nutrition and an active lifestyle from childhood and throughout life, thereby promoting general health and freedom from chronic pain, disease and disability.
- This will necessarily involve abandoning a history of isolation and looking inwards for self-advancement, and adopting a spirit of partnership and collaboration with others in health care education, research, policy and practice. The patient should not be seen only as an individual. He or she must also be seen from the larger perspective of policy and public health. **TCR**

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