



Professional Notes

New Infant Colic Trial

Infant colic, excessive crying in otherwise healthy infants, has no established cause or cure. Previous chiropractic trials suggest that chiropractic manual therapy may be safe and effective, but some have the design limitation that parents were not blind to treatments given – and may have biased the results.

JMPT has just published an excellent new trial from Joyce Miller, BS, DC, and colleagues at the Anglo-European College of Chiropractic which addresses the parental bias design problem – and reports similar positive results whether or not parents were aware of treatments given.

a) Subjects were 104 infants less than eight weeks of age presenting to the AECC clinic with unexplained persistent crying, verified by a parental crying diary kept for three days or more.

b) The infants were randomly allocated into one of three groups of TNB (infants receiving treatment, parents not blinded and aware of treatments being given), TB

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Market Identity of the Profession

WFC, Palmer College, World Spine Day, World Spine Care

A. Introduction

PALMER COLLEGE OF CHIROPRACTIC in Davenport, Iowa, known as the Fountainhead of the profession, has recently completed a comprehensive three-year consultation process on market identity.

After response from 3,500 people in its target audiences of 90,000, including faculty and students, alumni worldwide, patients and the general public, the Palmer College Board unanimously approved this market identity for doctors of chiropractic – *the primary care professionals for spinal health and well-being.*

This is fully consistent with the market identity of *the spinal health care experts in the health care system* agreed internationally by the World Federation of Chiropractic (WFC) and its national member associations in May 2005 and broadly implemented since that time.

Announcing Palmer's newly approved identity and related statements in the latest issue of the college's news journal *Insights*, Palmer Chancellor Dr Dennis Marchiori refers to the WFC identity project and explains that Palmer's identity is not only for Palmer graduates but also to generate "a larger effort for all chiropractors in the profession to embrace their role as the primary care professional for spinal health and well-being."¹

2. Other developments in 2012 relevant to the profession's market identity and its implementation include:

- New evidence and understanding that poor spinal health is common in children, a barrier to physical activity, increases the risk of poor musculoskeletal (MSK) and general health life-long, and represents a major public health issue.²

- New evidence showing for the first time that back pain is the single leading

cause of disability worldwide, with MSK disorders as a group being the second greatest cause after cardiovascular conditions. This evidence is in a landmark study supported by the World Health Organization and just published in *The Lancet* on December 15.³

- The new responsibilities the Bone and Joint Decade (BJD) has given the chiropractic profession in the field of spinal health – including administration of the BJD's annual World Spine Day on October 16.

- The establishment and growth of World Spine Care, with clinics opening in Botswana and India.

- Important new research – such as the neck-pain trial by Bronfort, Evans et al. that received such media attention when it reported that patients receiving 12 weeks chiropractic care or exercises for acute or sub-acute neck-pain were twice as likely to be pain free after 12 weeks as those relying on medicine and usual medical care.⁴ These differences remained after 12 months. As the New York Times reported "For neck-pain, chiropractic and exercise are better than drugs"⁵

- Increasing involvement of chiropractors in the development of multidisciplinary spine care pathways as reported in the May issue of this Report. Recent news on this front is that Blue Cross/Blue Shield has retained chiropractor Dr Brian Justice of Rochester, New York as a consultant for the development and implementation of its new spine-care protocols.

For reasons such as these it is timely to review the market identity of the chiropractic profession. What is market identity, why is it important, what has been agreed, by whom, how is it being implemented, what should individual chiropractors and their organizations be doing? What is the significance of World Spine Day, and World Spine Care?

B. Market Identity – General

3. Should the chiropractic profession be seen as part of mainstream health care or complementary and alternative medicine (CAM)? If mainstream, do doctors of chiropractic deliver primary or specialist care? If primary care, does the profession have a focused scope, as in dentistry and optometry, or a broad scope as in medical family practice? If focused, what is the focus?

For many years chiropractors and their national associations gave mixed messages with respect to the scope of chiropractic care, creating controversy within the profession and confusion for the public. All outside consultants and commentators agreed this was a growing problem for the profession.

In 1998, the Institute for Alternative Futures (IAF), in a report to the profession in the United States, advised that “without a clear and agreed upon role the profession will decline and suffer greatly in the near future because of new competitive pressures.” The starting point, said the IAF, had to be a consultation with individual chiropractors, “the grassroots profession,” to establish a shared identity and vision.

It was against this background, surrounded by the growing calls from member associations for leadership in this area, that the World Federation of Chiropractic (WFC) held a forum on identity as the main focus of its Assembly of Members at its April 2003 Congress in Orlando, Florida. After four presentations from panellists from Australia, Europe, and North America, the members agreed that the profession did suffer from an unclear identity and position within healthcare, that this was a major problem for the profession which needed to be resolved urgently, and that it was appropriate that the WFC be the organization to lead an initiative to address the issue through a comprehensive international consultation.

Why is the lack of a clear market identity a major problem? 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, 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.⁶

However the public, including chiropractic patients, disagreed. Not one patient or other 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 self-help measures of 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, will react in an uncoordinated way that leads to loss of actual and potential market share.

For example Cooper and McKee from the Medical College of Wisconsin made the following points in a comprehensive 2003 study titled *Chiropractic in the United States: Trends and Issues*⁷:

- There is rapidly expanding competition from alternative providers (acupuncture 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.”

C. WFC Identity Project – Process and Results

4. The WFC undertook a broad and thorough international consultation from 2003 – 2005 which included these central features:

- a) Appointment of a 40-person Task Force, representative of the profession and the public, to lead the consultation and make recommendations to

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the WFC. It met in person twice at Life Chiropractic College West in California – for three days in February 2004 to hear from experts, approve process and complete initial development of an online survey instrument/questionnaire for the profession, and in February 2005 to finalize its recommendations.

b) A review of existing published evidence – e.g. surveys of chiropractors, patients and the public in several countries.

c) Performance of an electronic survey of 29,094 chiropractors October 2004. This gave grassroots response from 3,689 chiropractors in 54 countries. In its report to the Task Force Manifest Communications Inc., the social marketing experts retained to help develop and undertake the survey, confirmed that this response, after adjustments/weighting to reflect the number of chiropractors in each country and region, gave “accurate, valid and strong data on

Table 1. WFC Identity Statements

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

Table 2. Palmer College Statements

Identity Statement

The primary care professional for spinal health and well-being.

Chiropractic Pillars

Doctors of Chiropractic:

- Integrate evidence, clinical experience, and patient values and preferences
- Deliver expert chiropractic adjustments, manipulation and other manual treatments
- Embody a tradition of caring, effectiveness and patient satisfaction
- Collaborate and coordinate care with other health professionals
- Enhance patient quality of life and performance
- Promote vitality, wellness and patient empowerment
- Enable patients to avoid unnecessary drugs and surgery
- Offer readily accessible care

the opinions of grassroots chiropractors worldwide.”

d) A final report from the Task Force with recommendations that were unanimously approved by more than 100 delegates and observers representing 36 countries at the WFC Assembly in Sydney, Australia in June 2005.

For complete details of the WFC Identity Task Force, its work, the electronic survey and results, and the final report go to www.wfc.org/projects/identityconsultation and Past Issues/ July 2005 at www.chiropracticreport.com. For the full identity consultation recommendations as approved by the WFC see Table 1. Comments on these identity statements are:

- a) One requirement of any effective market identity is that it must be simple and concise – as visible as a pole or beacon.
- b) A second is that it must be relevant, believable, and acceptable to both the public and those claiming the identity. In Questions 6 and 7 in the online survey chiropractors were given 11 sample identities for the profession and asked how well each of them described how chiropractic health care *is* perceived and alternatively *should be* perceived by the public. See the questions, identities, and answers in Figure 1 (on page 6). It can be seen that chiropractors recognized the large gulf between actual identity (the public’s view) and desired identity (what chiropractors would like if they could simply ignore the public’s perspective). The most saleable identity to the public among the 11 options offered in the survey was “the management of back and neck pain.” This, however, was the least preferred by the profession. The most preferred options for chiropractors were “wellness care” or “the management of spinal problems and their impact on general health.” However the public had little recognition or understanding of these wider health goals.

The identity in which the perceptions of the public and the profession were most closely matched – equal, in fact, in this survey – was “management of spinal problems.” 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 various countries as a result of published research. The survey demonstrated that chiropractors understood public opinion well.

c) The leading and necessarily simple statement of identity, if it is to be accepted and supported by the profession, needs to be given context – to be supported by statements that provide the ground for the pole. These are seen in Table 1.

D. Palmer College – Identity

5. Palmer College makes it clear, as it reports its new identity process and statement in *Insights*, that its targets are the public and increased market share. Board Chairman, Dr Trevor Ireland, appointed a committee “to develop a relevant and marketable identity” because, despite high patient satisfaction rates, the annual utilization rate of chiropractic care among the US population had remained “relatively unchanged for years at about eight per cent.”

A primary obstacle to broader use of chiropractic by the general public was a basic lack of understanding of the role of a doctor of chiropractic caused by the absence of a clear and consistent identity. “Relative to the profession and cultural authority, I see a direct relationship between what we’ve done

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The Chiropractic World

New Infant Colic Trial

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(infants treated, parents blinded) and, NB (infants not treated, parents blinded).

c) Treatments, by chiropractic interns under supervision of clinicians, were pragmatic and individualized to the needs of the patient. They involved joint and soft-tissue manual therapy for up to 10 days.

d) The primary outcome measure was crying time as recorded in a parental diary. Success was established as two hours or less crying time in 24 hours, or more than a 30% reduction in crying time, on Day 10. Results included:

i. By Day 10 there was a statistically significant difference between improvement in the treatment groups and non-treatment group – 44% and 18.6% improved respectively.

ii. "The trend was for the treated infants to show a greater reduction in crying than those in the non-treated group within 2 to 3 days," though not to the level of statistical significance at that time.

iii. There was no statistical significance between the TB and TNB groups – the treatment groups where parents were and were not blinded. Accordingly, this suggests that the positive results for chiropractic care in earlier trials were not the result of parental bias.

iv. On another analysis of the results, the odds or chances of improvement to less than two hours crying a day by Day 10 were 12 – 3 in favour of the infants in the treated groups.

e) As to methods of relief, Miller et al. note that "moderate finger pressure on irritable muscles has shown a relaxation response in adults, which included decreased heart rate and increased alpha and beta brainwave activity, which hallmark a relaxation response."

(Miller JE, Newell D et al. Efficacy of Chiropractic Manual Therapy on Infant Colic: A Pragmatic Single-Blind, Randomized Controlled Trial. JMPT (2012); 35:600-607.)

Surgery and ASP

For biomechanical reasons fusion at one level of the spine is likely to cause pathology and problems at adjacent levels – adjacent segment pathology (ASP). Spine has recently published a whole supplement issue on ASP (October 15).

A systematic review by Lee et al. from the University of Washington titled The Natural History of Degeneration of the Lumbar and Cervical Spines acknowledges high re-operation rates because of ASP after spinal fusion (25-35% within 10 years) and that, because of this, "ASP has been the driving force for the development of motion preservation technology" – such as disc replacement.

Interesting findings concerning the natural history of spinal degeneration are that the rate of progression of degeneration is faster for females than males through the 50s, faster for males than females during the 60s and 70s, and identical in the 80s.

So, fusion is being replaced by surgical methods that maintain motion – such as disc replacement. Does that reduce ASP? A new trial from Hellum, Berg et al. from Oslo University Hospital in Norway addresses that and points are:

International Chiropractic Research Network – Please Join Now

Greg Kawchuk, DC, PhD, Vice-Chair,
WFC Research Council, Canada



The World Federation of Chiropractic is developing a new global resource for the chiropractic profession– the International Chiropractic Research Network (ICRN) and Database. There are two stages to the project:

- Development of the ICRN using LinkedIn technology – creating a network or community of researchers worldwide investigating scientific questions related to chiropractic. Individual researchers are now invited to join. See below. At this stage the network is not open to the public.
- Second, once the network is well established, providing general access so that the profession has a database of international researchers and their work.

This project is being administered by a Working Group chaired by me, and is supported with generous sponsorship from Standard Process.

All researchers are now invited to join the ICRN. To join, you must have authored at least one publication in a peer-reviewed journal. There is a short online video you can access that explains the process – <https://vimeo.com/46876658>.

How to join:

1. Join LinkedIn
2. Edit your LinkedIn profile to include your photo; a summary of your research (in summary section); publications (enter at least 1 peer-reviewed publication).
3. On the LinkedIn menu bar, go to Groups, search for the International Chiropractic Research Network, and then join.
4. Your request to join the ICRN will be processed shortly.
5. Check on the ICRN regularly to see the latest discussions, papers, job postings, and other activities from our research community!!

Questions/Comments on the ICRN or the registration process: contact me at greg.kawchuk@ualberta.ca.

If you are not a researcher, help populate the database by forwarding this notice to those you know in the chiropractic research community.

News and Views

a) The study included 116 patients aged 25-55 years with LBP for at least one year, disc degeneration (40% height reduction and/or other factors as described), and physiotherapy or chiropractic treatment for at least six months without recovery.

b) 59 received disc replacement surgery, 57 did not but received rehabilitation involving supervised physical exercise. Two items measured at 2-year follow-up were ASP (here called adjacent level degeneration or ALD) and facet arthropathy (FA) at the level of disc replacement (index level) because "A disc prosthesis may change the loading and motion of the facet joints at the index level of surgery."

c) Results were that ASP/ALD developed with similar frequency in patients in both groups, but the surgery group had increased FA at the implant level. Whereas only two (4%) of the patients in the rehabilitation group had new or increased FA at the disc surgery level, 20 (34%) of patients in the surgical group had new or increased FA in this short 2-year follow-up period.

(Lee MJ, Dettori JR et al. *The Natural History of Degeneration of the Lumbar and Cervical Spines*. Spine (2012); 37:S18,19,30.

Hellum C, Berg L et al. *Adjacent Level Degeneration and Facet Arthropathy After Disc Prosthesis Surgery or Rehabilitation in Patients With Chronic Low Back Pain and Degenerative Disc*. Spine (2012); 37:2063-2073.)

World Notes

Source: WFC Quarterly World Report, December 2012

Kenya on the Move

Dr. Caroline Mwendwa (*right*) of Nairobi, Secretary of the Chiropractic Association of Kenya (CAK) and a graduate of Sherman College of Chiropractic in the US, reports that the government is currently preparing chiropractic legislation as part of a wider review of health legislation. This will finally bring recognition and regulation to the practice of chiropractic in Kenya.



The CAK, with 9 members and led by Chairman Dr. Thomas Adagala and Treasurer Dr. Musimbi Ondeko, has a new member in Dr. Hamisi Kote Ali (*right*), a recently returned Palmer College graduate. Dr. Ali was with the Kenyan track and field team as a physical therapist at the Beijing Olympics when he first encountered chiropractic. He subsequently enrolled at Palmer College, and in a recent report to the WFC explains he is loving chiropractic practice and finds it "amazing how receptive patients and the community are" to chiropractic in Kenya.



Drs Mwendwa and Ali are just two of many impressive pioneers and young leaders in the profession in Africa who will be at the WFC's Silver Anniversary Congress in Durban in April.



WFC's Silver Anniversary Congress

- An outstanding academic program – art, science and philosophy – go to www.wfc.org/congress2013 for details.
- Optional discounted 1 and 2-day pre-congress workshops (only \$65 and \$130 respectively) by leading international lecturers – **Dr Lindsay Rowe** (imaging), **Dr Joyce Miller** (pediatrics), **Dr Chris Colloca** (instrument adjusting), **Dr Tom Hyde** (FAKTR), **Dr Kevin Jardine** (taping and rehabilitation) and **Dr Craig Morris** (ProGolf workshop).
- FICS Sports Chiropractic Symposium (\$95 for Congress registrants). – Hands-on workshops and keynote speaker **Dr Tom Greenway** on London Olympics 2012.
- Best new international chiropractic research – 120 studies presented from the stage (32) and by poster (88).
- Exceptional social program that includes a **Wednesday** Cocktail Reception, a **Thursday** African Night, a **Friday** Welcome Beach Party sponsored by the City of Durban, and the **Saturday** WFC Silver Anniversary Banquet and Dance with South Africa's sensational all-girl **Sterling EQ** electric quartet as featured entertainment.
- **Durban** is a cosmopolitan city of 4 million on one of the most beautiful beaches in South Africa. The **International Convention Centre**, site of the Congress and the recent World Climate Conference, is a state-of-the-art conference facility.
- This is your chance of a lifetime to combine a historic chiropractic meeting with a visit to South Africa and its majestic scenery and game parks.

Registrations and all information:

www.wfc.org/congress2013

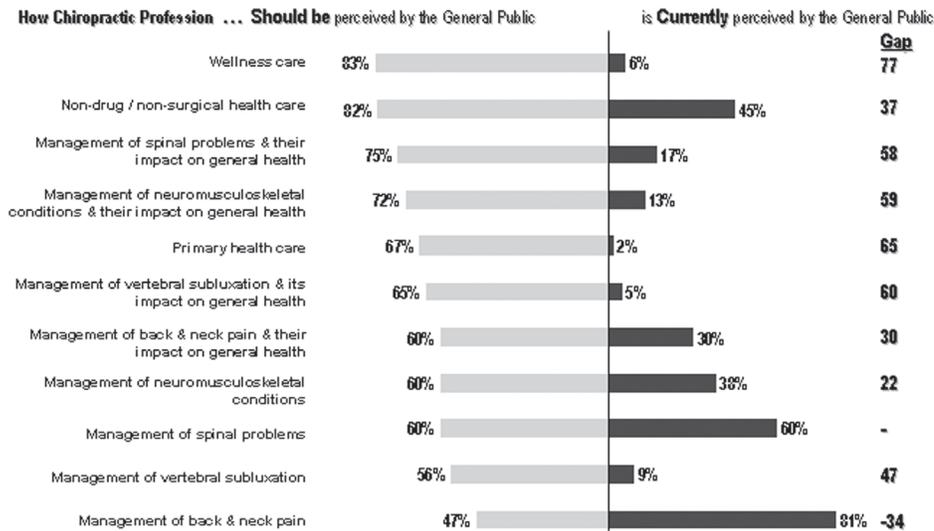


Figure 1. Perceptions of How the Profession is and Should be Perceived by the General Public

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

(in this identity project) and an increased utilization in chiropractic,” says Dr Ireland.

6. Palmer’s Identity Statement, similar to that of the WFC, is a clear and concise view of what a chiropractor is but is supported by more detailed statements of what a chiropractor is and does – called Chiropractic Pillars. The Statement and Pillars are in Table 2. These statements were part of a larger project which included new statements on mission, vision, values, philosophy and practice paradigm, all available together with an identity video at www.palmer.edu/our-identity/.

E. Identity – Implementation

7. While agreement on the most appropriate market identity for the profession is an important achievement, it is only a starting point and means little without consistent and effective implementation – by chiropractic organizations and individual chiropractors in their choice of public education and promotional materials for members and the public (e.g. print and electronic materials, website) and their priority activities. This means that:

- Spinal health should be a primary focus in public health and public education programs. This can be direct and explicit as in annual Spinal Health Week programs that have been developed by many chiropractic associations, and indirect as in public education campaigns on exercise, particular activities (e.g. gardening, snow shovelling, lifting, sleeping, sitting) and healthy living.
- Materials and activities should reflect the qualifying and supporting statements. As a result they should, for example, emphasize the relationship between the spine, the nervous system and health, chiropractic as an evidence-based mainstream profession that collaborates with other health professionals, a natural approach to health without use of drugs and surgery, evidence of effectiveness and high patient satisfaction,

and a focus on “overall health, well-being and quality of life.”

8. In its report the WFC Identity Task Force emphasized that “acceptance and establishment of the identity will not be possible without a planned and on-going WFC program of communication” and leadership by the WFC and its member associations worldwide. Therefore early efforts to promote dissemination, acceptance and endorsement of the identity included:

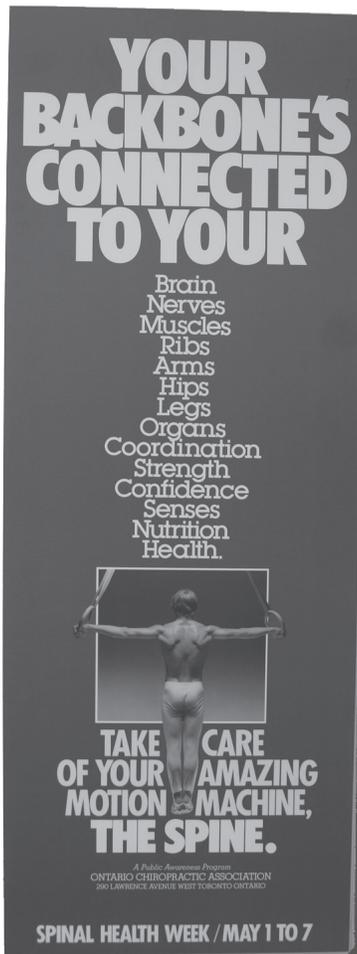
- Articles in the major chiropractic media and presentations to member associations and other large professional meetings.
- A three-day WFC/Association of Chiropractic Colleges conference on Professional Identity and Curriculum held in Cancun, Mexico in October 2006. There had been criticisms from some schools, which felt that the identity was too restrictive. This

conference significantly increased their understanding of the purpose of the WFC project and identity statements, namely to develop a clear marketing or brand identity for chiropractic services within the health care marketplace, and not a full description of chiropractic in terms of its education, practice or legal scope of practice.

At the conclusion of the Cancun conference, attended by delegates from 30 schools in 13 countries, there was full consensus in support of the WFC identity statements and a unanimous recommendation “that public education by the profession and its members is consistent with the identity statements.”

A survey of national associations in 2006 concerning their level of support, and the degree to which the new identity was being used in their public education materials, showed broad support. There appears to be almost universal adoption today, bringing clear direction and benefit to the profession. In the US the Chiropractic Summit meetings, held since February 2008 and representing the ACA, ICA, and all major stakeholders in the profession in the US as they face healthcare reform under the Obama Plan (Patient Protection and Affordable Care Act of 2010), have agreed on the fundamental importance of supporting one market identity consistent with that developed by the WFC. The WFC identity was adopted by the Canadian Chiropractic Association and many of its partner organizations at a national planning meeting held in Toronto in April 2009.

Dr Lawrence Tassell of the Chiropractors’ Association of Australia (CAA), writing his President’s Report in the March 2012 issue of the CAA’s news journal *The Australian Chiropractor*, listed once more all the key identity statements agreed upon by the WFC and stated, “I believe it is possible for the WFC identity document to be used both in Australia and internationally to bring unity to the profession and establish an essential, clear public identity for the chiropractic profession in the healthcare system.”



A poster illustrating spinal health developed by the Ontario Chiropractic Association for its annual Spinal Health Week in the early 1990s.

The new Palmer Identity Statement and Chiropractic Pillars are further evidence that the chiropractic profession has now settled internationally upon one agreed market identity.

9. With respect to implementation of a market identity, relevant features of the WFC are that its members are 90 national chiropractic associations worldwide, it is the voice of them and the profession at the World Health Organization and in other international forums, but it has limited resources. What activities has it chosen to best promote the profession's chosen identity? On the recommendation of its Public Health Committee priority has been given to:

a) **Straighten Up.** The Straighten-Up daily spinal exercise program, and subsequently the related Straighten Up and Move and the Just Start Walking programs, were developed by Dr Ronald

Kirk and colleagues at Life University in Atlanta, Georgia assisted by a large interdisciplinary consensus panel. Dr Kirk, as a member of the WFC Public Health Committee and WFC delegations to WHO's annual Assembly in Geneva for the past 10 years, has led adoption of the program by the WFC membership, WHO and since 2009 the Bone and Joint Decade.

b) Bone and Joint Decade World Spine Day – October 16.

As noted in the last issue of this Report, in January 2000 WHO Headquarters in Geneva announced the Bone and Joint Decade (BJD – www.bjdonline.org), an important new world initiative for awareness of and action to reduce the burden of musculoskeletal (MSK) disorders. Increasingly successful, the BJD has been continued since 2010 also known as the Bone and Joint Initiatives (BJI). It is committed to multidisciplinary participation to achieve these aims:

- 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.

The WFC had led chiropractic participation in the BJD and WFC Council member Dr Deborah Kopansky-Giles is one of the 18 members of the BJD International Coordinating Committee. The BJD's annual Action Week in October consists

of four internationally recognized days to direct attention to MSK disorders and their huge impact in terms of disability and death:

- **World Arthritis Day** – October 12 – organized for the BJD by the European League Against Rheumatism.
- **World Spine Day** – October 16 – from 2012 organized by the World Federation of Chiropractic.
- **World Trauma Day** – October 17
- **World Osteoporosis Day** – October 20 – organized by the International Osteoporosis Foundation.

From 2009 the BJD had adopted Straighten Up as its theme for World Spine Day. This and other activities, such as the World Spine Day contest organized by the WFC in 2011, led to the BJD asking the WFC to organize World Spine Day last year. Under the leadership of Dr Kopansky-Giles and Canadian chiropractor Dr Jennifer Nash, the WFC engaged in extensive preparations which included:

- A survey of BJD National Action Groups and others to determine awareness, past activities and existing resources.
- Identification of a theme for World Spine Day (WSD) – Straighten Up and Move was chosen.
- Preparation of a tool kit and resource materials (e.g. tips for staging events and activities, sample media release, posters, activities etc.)
- Creation of a website with these materials – this is www.worldspineday.org which was live by August.
- Widespread communication.

The end result, as explained in the WFC's formal evaluation and report to the BJD, was significant use of the new website and increased WSD awareness and activities in a number of world regions. During October there were 2,680 unique visitors to the website. Countries with the greatest number of hits in descending order were United States, India, Canada, the Russian Federation, Japan, Australia, and Great Britain.

This promising first year laid the foundations for years ahead. The WFC has recommended to the BJD formation of an interdisciplinary International Working Group with representatives of organizations that have expressed interest in actively participating in WSD, which include American College of Sports Medicine, British Acupuncture Council, British Association of Spinal Surgeons, European Public Health Alliance, North American Spine Society, Society for Back Pain Research, World Federation of Chiropractic, World Spinal Column Society.

In a related but independent initiative the WFC held a 2012 WSD contest, open to associations, colleges and individuals and inviting them to plan and report community activities to raise awareness of WSD, the importance of spinal health, and the chiropractic profession. Winners of the contest were Life University, USA (1st prize), the International Medical University, Malaysia (2nd prize), Scotia Chiropractic, UK (3rd prize), with honourable mentions given to the Anglo-European College of Chiropractic, UK, Cyprus Chiropractic Association, European Chiropractors' Union, Hanseo University, South Korea, Life Chiropractic College West, USA, Palmer College of Chiropractic, USA, and the Namibian Chiropractic Association. Further details of activities, and photos, are in the WFC's December Quarterly World Report, online at www.wfc.org under Publications.

c) World Spine Care. World Spine Care (WSC – www.world-spinecare.org), a remarkable organization founded by its president and CEO Scott Haldeman, DC, MD, PhD, Clinical Professor, Department of Neurology, University of California, Irvine, is a multinational, interdisciplinary, non-profit organization bringing charitable and expert spine care to underserved communities around the world. Its first clinics, established during the past year, are in Shoshong, Botswana and Ranthambhore in India.

Chairman is Mr. Elon Musk, co-founder of Paypal, and its Clinical and Scientific Advisory Board has many of the leading international spine experts. It is endorsed by prominent chiropractic (WFC, Palmer College, Canadian Memorial Chiropractic College), medical (European Spine Society, International Society for the Study of the Lumbar Spine, North American Spine Society) and international (BJD and WHO) organizations. It is difficult to imagine any project that could provide a better illustration of the chiropractic profession's expert and valuable primary care role in the promotion and management of spinal health, and a major volunteer public health initiative in that field. See much more at the website.

The WFC has provided all support possible, and one highlight of the academic program at the WFC's Congress in Durban, South Africa in April will be a status report on the WSC Shoshong project by its Clinical Director, Canadian chiropractor Dr Geoff Outerbridge who is currently part-way through a 2-year term of service in Botswana.

F. Conclusion

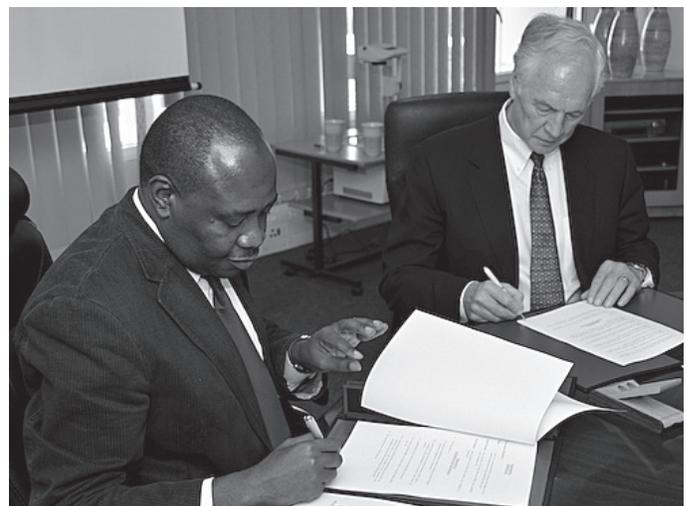
10. This article has not discussed several important areas of activity relevant to implementing identity, perhaps most notably research. Further, chiropractic education research and

practice have much wider and more diverse scope than spinal health alone – one need only mention the examples of occupational health, nutrition and the management of extremities in sports chiropractic – but few will now quarrel with the core identity of spinal health. This is not spinal pain or rehabilitation or surgery but spinal health – health through prevention and treatment of problems arising from the spine and its associated neuromusculoskeletal system.

If you are a chiropractor, does your office, and do your website and activities, reflect this identity? Do the priorities of your professional association or educational institution do so? Do you now see value in actively supporting and promoting awareness of international initiatives such as World Spine Day and World Spine Care where doctors of chiropractic collaborate with other professions and stakeholders in the field of spinal health? What activities will you plan for October 16, 2013? **TCR**

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Dr. Kolataamo Malefo, Permanent Secretary of the Botswana Ministry of Health and Dr. Scott Haldeman sign the Memorandum of Understanding between the Botswana Ministry of Health and World Spine Care in June 2011.

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