The Chiropractic Report

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Professional Notes

Evidence-Based Practice – A Useful New Summary from Palmer

The Palmer Center for Chiropractic Research at Palmer College at Davenport, Iowa is a leading policy and research center for the chiropractic profession.

Under its leader Dr Christine Goertz, Vice-Chancellor for Policy and Research at Palmer, the Center has recently published an expert and useful summary on the state of the research evidence relative to chiropractic practice – what is known, what are questions that still need to be answered, and key evidence-based statements that chiropractors can make.

Much of this is reproduced here. The full Chiropractic Evidence Summary, including references and links to the full papers, may be found at the Palmer College website www.palmer.edu – search "chiropractic evidence summary".

CHIROPRACTIC EVIDENCE SUMMARY

Evidence-based practice is defined as "the conscientious, explicit and judicious use of current best evidence in making

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McAndrews Leadership Lecture

Challenges of the Past, Challenges of the Future

A. Introduction

ON SATURDAY FEBRUARY 28, 2015, Mr. George McAndrews of Chicago, in his 80th year, and Dr Scott Haldeman of Los Angeles, in his 72nd year, addressed a large and spellbound audience in Washington, DC.

The occasion was the inaugural McAndrews Leadership Lecture at the American Chiropractic Association's annual National Chiropractic Leadership Convention. The lecture honors the contributions to the chiropractic profession of the McAndrews family, primarily:

- Dr Jerry McAndrews, Director of Clinics, Palmer College of Chiropractic when Dr Haldeman entered Palmer as a student in 1962, and, as the Executive Vice-President of the International Chiropractors' Association (ICA) in the 1970s, the leader most responsible for encouraging research funding, capacity and conferences at that time. He subsequently served as President of Palmer College.

- Mr. George McAndrews, Jerry's brother and attorney for the chiropractic plaintiffs in the Wilk et al. vs American Medical Association et al. anti-trust lawsuit. In this historic battle, which ran from filing of proceedings in 1976 to final success on appeal in August 1987, the American Medical Association (AMA), aided by various affiliated medical organizations, was found guilty of pursuing an illegal conspiracy since 1966 designed to contain and destroy the chiropractic profession. The court granted an injunction, or permanent restraining order, in these terms:

"The AMA, its officers, agents and employees, and all persons who act in active concert with any of them… are hereby permanently enjoined from restricting, regulating or impeding, … the freedom of any AMA member or any institution or hospital to make an individual decision as to whether or not that AMA member, institution, or hospital, shall professionally associate with chiropractors, chiropractic students, or chiropractic institutions."[1]

The conspiracy was planned from 1963 because of the AMA's dismay at the degree to which individual MDs were choosing to practice in association with chiropractors, undermining the medical monopoly on private and hospital health care services. AMA activities included suppressing research favourable to chiropractic, undermining chiropractic colleges and postgraduate education programs, using new ethical rulings to prevent cooperation between MDs and chiropractors in education, research and practice, subverting a 1967 US government inquiry into the merits of chiropractic, and basing an extensive

*Dr Jerry McAndrews (1933-2006) and George McAndrews (*front*).*

Hear the McAndrews Lecture

Hear Dr Scott Haldeman's lecture, recorded and posted on YouTube by the American Chiropractic Association, and see his Powerpoint presentation, at https://www.youtube.com/watch?v=6HxTCdx44C8

misinformation campaign against chiropractic on the calculated portrayal of chiropractors as 'unscientific', 'cultist', and having a philosophy incompatible with western scientific medicine. Although AMA ethical changes technically ended the conspiracy in 1980, the court found that "the AMA has never acknowledged the lawlessness" of its "systematic long-term wrongdoing and intent to destroy a licensed profession".

2. Dr Haldeman's lecture, delivered with humour and emotion and drawing a prolonged standing ovation for a man recognized as the single most important leader in the profession over the past 50 years, was titled *Challenges of the Past, Challenges of the Future.* It reviewed the events, challenges and status of the chiropractic profession, principally in the United States but also internationally, in each decade from the 1960s – then presented current developments and future challenges.

Because his influence has been and continues to be so profound, Dr Haldeman was able to give this review from a personal prospective, from the experience of someone who has been present during the events being recounted. This issue of The Chiropractic Report summarizes this first McAndrews Leadership lecture.

B. First Up – George McAndrews

3. Before Dr Haldeman spoke the packed Capitol Room at the Hyatt Regency Hotel in Washington DC was already alive and buzzing. Dr Anthony Hamm, ACA President, and Dr Louis Sportelli, President of NCMIC and a close friend over many years of both of the McAndrews brothers, had introduced George McAndrews.

George McAndrews.

As he gave thanks to the ACA for the honor of naming this annual lecture after his family Mr. McAndrews delighted the audience with anecdotes from the Wilk trial. He explained that his passion for chiropractic came from growing up as one of nine children with a doctor of chiropractic as their father. His passion for justice came in part from the unfair discrimination experienced at that time in a chiropractic family, discrimination that was fully documented in the AMA's files discovered during the Wilk case.

How different the world was now, he explained, for his daughter, a doctor of chiropractic practicing in Chicago with close relationships and inter-referral of patients with her many colleagues in the medical profession.

Not content with nostalgia, and still practicing law at 80, Mr. McAndrews also described with clarity and enthusiasm a Supreme Court decision from the past week that would have a significant impact on US state chiropractic examining boards.

C. Next - Dr Scott Haldeman

4. Scott Haldeman DC, MD, PhD of Los Angeles, chiropractor, neurologist and spine care specialist, distinguished researcher and editor of *Principles in Practice of Chiropractic* (3rd Edition, McGraw Hill, 2005) is known and respected universally in both the chiropractic profession and the wider spine care world. He stands tall physically, at almost 2 meters, and metaphorically.

As the foremost researcher to graduate from Palmer College it was fitting that he was introduced on February 28 by Dr Christine Goertz, Vice-Chancellor for Policy and Research at Palmer College.

Dr Louis Sportelli introduces George McAndrews.

For detailed information on Dr Haldeman and his career see the biography *The Journey of Scott Haldeman*[2] and the review of that work in the January 2010 issue of this Report.[3] As noted in that review

"Those who meet Haldeman today see a much-honored, prosperous neurologist from Southern California in his late-60s. Few understand his humble origins, the battles fought, the challenges and disappointments overcome, and the magnitude of his vision and achievements. Chiropractors are often unaware of his deep allegiance to the profession since his graduation from Palmer College and early years of practice in South Africa in the 1960s."

His grandmother was Almeida Haldeman, an American who moved to Saskatchewan in 1905 becoming Canada's first chiropractor. His father, her son Joshua Haldeman, graduated from Palmer in 1926 and emigrated from Canada to South Africa when Scott was six years old. More on Dr Haldeman's

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career is found in his McAndrews Leadership lecture – to which we now turn.

D. The McAndrews Lecture

5. **The 1960s.** Dr Haldeman arrived from South Africa at Palmer College in Davenport, Iowa in 1962. Major events in this decade, he noted, included the death of Bartlett Joshua Palmer (BJ), son of the founder of the chiropractic profession David Daniel Palmer (DD), and known as the developer of the profession, in May 1961. In 1963 the National Chiropractic Association divided – it was renamed the American Chiropractic Association and the International Chiropractors" Association (ICA) resumed a separate identity. That same year the American Medical Association (AMA) established its Committee on Quackery to eliminate the chiropractic profession in the United States.

Characteristics of the profession at that time were:

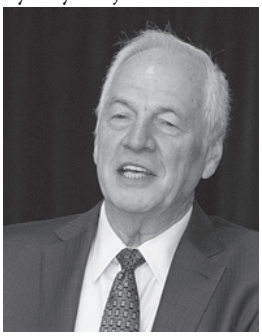
- Huge enthusiasm. The annual Palmer Lyceum and other meetings attracted 4,000 or more chiropractors. In South Africa, Dr Haldeman related, most chiropractors met every month for an educational symposium and fellowship. Every graduating chiropractor who returned to the country was asked to lecture on the latest information he or she had learned.
- Philosophy dominated discussions. What preliminary research there was, was driven by philosophy.
- Most chiropractors had a sole cash practice.

Challenges for the profession included no consistent education curriculum, no research culture, isolation from others in healthcare, and a divided profession with no clear identity. The philosophy of chiropractic "was either a strongly held belief or a basis for ridicule."

6. **The 1970s.** In this decade Dr Haldeman, having gained his masters in neurophysiology and practiced in South Africa from 1964-1970, was in part-time chiropractic practice in Canada as he gained his PhD (1973), MD degree (1976) and embarked upon his residency training as a neurologist.

Meanwhile the attack of organized medicine on chiropractic was escalating. The AMA changed its ethics to forbid cooperation between its members and chiropractors. Chiropractic was being attacked internationally, with licensure rare outside North America and commissions of inquiry established in Australia, Canada, New Zealand and South Africa. This was just 40 years ago and there were these challenges:

- The profession had virtually no research or qualified researchers.
- Not a single chiropractic text book had yet been published by any major commercial publisher.



Dr Haldeman delivers the McAndrews lecture.

- The profession remained divided and was led primarily by technique or practice building gurus.

However Dr Jerry McAndrews was ICA Executive Vice-President (1971-79) and the ICA, under him and others and responding to the evident need for research, formed the Foundation for the Advancement of Chiropractic Tenets and Science (FACTS). The Foundation for Chiropractic Education and Research (FCER) was also formed. Related events included:

- 1973 – The first university research funded by the profession – undertaken by Chung-Ha Su PhD at the University of Colorado.
- 1975 - The NINCDS Conference on Spinal Manipulative Therapy.
- 1977 – ICA acceptance of Dr Haldeman's proposal for an interdisciplinary conference titled *Modern Developments in the Principles and Practice of Chiropractic,* which attracted 500 participants in 1979 and led to his 1980 text with that name. It was published by Appleton-Century-Crofts, becoming the first chiropractic text from a major publishing house.

7. **The 1980s.** The chiropractic profession began to emerge from its isolation, to build a research presence, to expand internationally, and to lay the foundations for a mature profession. Events included:

- David Cassidy DC, PhD of Canada became the first chiropractor to be awarded a doctorate from a university medical faculty – working under orthopedic surgeon Professor William Kirkaldy-Willis at the University Hospital in Saskatoon.
- The first clinical trials of manipulation by chiropractic and medical researchers in North America were performed.
- There was formation of the American Back Society and the North American Spine Society, the first medical societies that admitted chiropractors to their membership and meetings.
- The World Federation of Chiropractic was formed in 1988.
- A final decision was delivered in the Wilk case, facilitating cooperation between the chiropractic and medical professions in education, research and practice. The judge on appeal, Judge Susan Getzendanner, noted that "The plaintiffs clearly want more from the court… they want a judicial pronouncement that chiropractic is a valid, efficacious, even scientific healthcare service." As she observed, "I believe the answer to that question can only be provided by a well-designed, controlled scientific study."

However, while there had been a sea-change in the 1980s with promise for the future, these challenges remained:

- The training of chiropractic researchers.
- The development of standards of care.
- The achievement of greater change in medical and hospital attitudes.
- Lack of participation in spine and public health meetings, deliberations and societies.
- A divided profession with lack of consensus on identity or how chiropractors should practice.

8. **The 1990s.** Dr Jerry McAndrews was now Vice-President for Professional Affairs for the ACA (1992-95). Dr Haldeman was Chair of the Research Council of the World Federation of Chiropractic (WFC), a position he held for 24 years from 1989 until 2013. This was the breakthrough decade in which the profession developed evidence-based clinical guidelines, and its management of patients with spine-related conditions, including its central skill of chiropractic manipulation or adjustment, gained widespread scientific support. Events included:

- 1992 – The second edition of Dr Haldeman's *Principles and*

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decisions about the care of individual patients."[1] Increasingly, high-quality research evidence is the cornerstone to evidence-based healthcare decisions and is critically important to physicians, patients, policymakers and payers.

This data-driven evolution will impact the chiropractic profession in important ways. It has the potential to serve as the playfield leveler that the chiropractic profession has long demanded. However, it also forces us to collect and interpret data correctly.

This paper provides a very brief summary of the state of the evidence in chiropractic related to clinical outcomes, cost, safety and patient satisfaction. It also identifies areas where more research is needed.

Evidence-based Triad

The evidence-based triad illustrates an approach to decision making that integrates the chiropractic physician's individual clinical expertise with the best external evidence while taking into account a patient's values and expectations of care.

Clinical Outcomes

LOW BACK PAIN

• There is moderate evidence to support that spinal manipulative therapy is effective for acute low back pain in adults. There is strong evidence to support that spinal manipulative therapy is effective for chronic low back pain in adults.[2, 3]

• A joint clinical practice guideline from the American College of Physicians and the American Pain Society suggests that "For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacologic therapy with proven benefits-for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation (weak recommendation, moderate-quality evidence)."[4]

• A 2011 Cochrane review reported that there are no clinically meaningful differences between spinal manipulative therapy and other interventions for pain reduction and functional improvement for chronic low back pain.[5]

• Results of a 2013 randomized controlled trials suggest that 12 sessions of spinal manipulative therapy for chronic low back pain offer the best "dose."[6]

• There is strong evidence that spinal manipulative therapy is as effective as a combination of medical care and exercise instruction. There is moderate evidence that spinal manipulative therapy works as well as prescription nonsteroidal anti-inflammatory drugs combined with exercises. And, there is limited-to-moderate evidence that spinal manipulative therapy works better than physical therapy and home exercise.[7]

NECK PAIN

• Results of a 2008 best evidence synthesis by the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders found that manual therapy combined with exercise was more effective than other noninvasive interventions for neck pain.[8]

• In a 2012 randomized controlled trial, spinal manipulative therapy was more effective than medication for acute and sub-acute neck pain for both short and long term outcomes.[9]

HEADACHE

• Studies indicate that spinal manipulative (SM) therapy is effective for cervicogenic and migraine headaches.[2, 10]

• A 2008 literature review suggests that spinal manipulative therapy of the cervical spine may prevent migraines as well as amitriptyline and may be effective for tension-type headaches.[11]

• Spinal manipulative therapy may be as effective as propranolol and topiramate for prophylaxis of migraine headache.[12]

Risks

• The rate of serious complications is 5-10 per 10 million adjustments.[14]

• There is no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care. Increased risks of VBA stroke associated with chiropractic and PCP visits are likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke.[13]

• Possible side effects from SMT to the cervical spine include light-headedness or dizziness, sweating or a flushed feeling. These symptoms may occur right after a treatment and usually last only a few minutes.[23-27]

• Muscle or joint pain, fatigue, or muscle stiffness or soreness are also possible following spinal manipulation, generally lasting less than 24 hours.[23-27]

Costs

• Lower overall episode costs of care when low back pain treatment is initiated with DC as compared to care initiated with MD.[15]

• Chiropractic users with neck and back problems did not have higher levels of overall healthcare spending when compared to medical users in a nationally representative sample.[16]

• Direct costs associated with Medicare's 2005-2007 Demonstration could have been substantially lower had DCs in Chicago area counties responded similarly to other demonstration counties.[17]

• A 2013 prospective population-based cohort study of 1,885

workers found that only 1.5% of workers whose first provider was a chiropractic physician had lumbar spine surgery within 3 years compared with 42.7% of patients whose first provider was a surgeon.[18]

Patient Satisfaction

• Chiropractic patients are more satisfied than medical patients with their back care providers after 4 weeks of treatment.[19]

• Back pain patients are more satisfied with chiropractic care than with medical care.[20-22]

Evidence Gaps – What Do We Not Know?

WHY ARE THERE GAPS IN WHAT WE KNOW ABOUT CHIROPRACTIC?

• Study results don't apply to all patient populations.

• Different studies use different methods to answer the same general question.

• Study design flaws, especially with studies that were conducted more than 10 years ago.

• Results from two or more studies may not be the same.

• In many areas we don't have enough studies, especially for conditions that are not musculoskeletal in nature.

• Quality of studies is sometimes poor from a clinical and/or scientific perspective.

WHAT QUESTIONS NEED TO BE ANSWERED?

• Can we predict which patients are most likely to respond best to chiropractic care?

• How well do DCs deliver prevention and wellness care?

• Do different chiropractic techniques have different patient outcomes?

• What happens when you combine therapies (PT, massage, etc.) with adjustments?

• Why do clinicians in private practice experience more dramatic outcomes than found in clinical trials?

• How does chiropractic help patients that are pediatric, elderly, or pregnant?

• How effective and reliable are DC diagnostic techniques?

Summary: What Can We Say

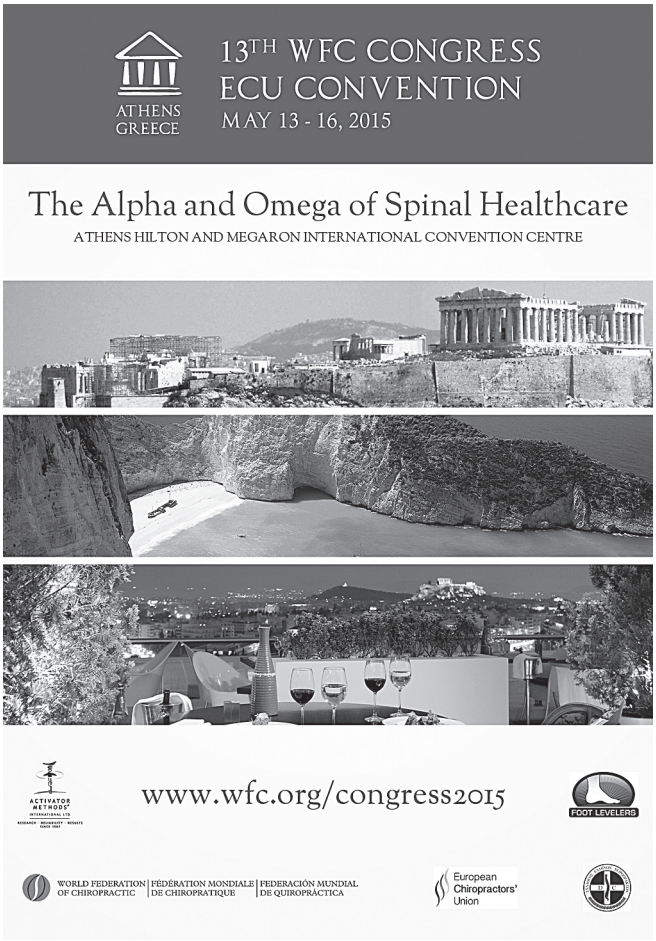
• Chiropractic management for low back pain, neck pain, and headache is as good as or better than other forms of conservative medical care.

• There is a very low risk of serious adverse events.

• Patient satisfaction with chiropractic is very high.

• Chiropractic care costs no more, and perhaps a bit less, than other conservative treatments for back and neck pain.

References: *For references go to the Palmer College website www.palmer.edu and search "chiropractic evidence summary".*



10 Reasons to Attend the WFC Congress in Athens

1. The opening session of a WFC Congress - ask anyone who has experienced this. 20 minutes of entertainment then world class keynote lectures with about 1,000 of your colleagues around you.

2. Continuing education program with something for everyone – from the latest in spine care to workshops on scoliosis, extremities and equine chiropractic (at nearby stables).

3. From world experts in their fields – e.g. Greg Kawchuk and Scott Haldeman on the biomechanics and neurology of SMT; Stuart McGill on rehabilitation; Dan Murphy on the neurology of the subluxation model; Matthew Antonucci on functional neurology.

4. 20 or more CE/CPD credits.

5. Option of one or two day pre-congress technique seminars at bargain basement prices – e.g. Activator Methods, McKenzie Methods, Paediatrics, Sports Chiropractic (FICS Symposium).

6. The energy and motivation of being with colleagues from 40-50 countries from all world regions.

7. An outstanding social program – including the famous foods, music, dance and hospitality of Greece at the Greek Night.

8. The Acropolis, Olympia and the other glorious historical sites of ancient Greece.

9. The springtime beauty of Greece, its islands, and neighbouring Turkey in pre and post Congress tours.

10. The tax deductible trip of your life. Call a friend and be there.

Practice of Chiropractic was published, and was now one of many new chiropractic textbooks.

• 1993 – The first national chiropractic clinical guidelines were published in the United States[4] then Canada[5].

• The US government-sponsored AHCPR Guidelines on Acute Low-Back Problems in Adults[6] from an expert panel that included two chiropractors, Dr Haldeman and Dr John Triano, were published and made recommendations for spinal manipulation and against many common medical and surgical interventions.

• 1995 – The report of the Quebec Task Force on Whiplash-Related Disorders[7] was published. Dr Cassidy, an epidemiologist with a chiropractic background, was Scientific Secretary. As for the AHCPR Guidelines there were recommendations supporting spinal manipulation.

However these challenges remained:

• In response to the above developments "philosophical purists became more aggressive" and the profession remained divided and suffering from the lack of a clear and consistent identity within healthcare.

• There was a continuing lack of engagement with the medical profession and spine and public health associations, and lack of participation in hospital and multidisciplinary health delivery systems.

• There was little communication of chiropractic research breakthroughs between researchers on one hand, and clinicians and the leaders in professional organizations on the other hand.

9. **The 2000s.** As the 2000s commenced Eisenberg et al. from Harvard published a national survey showing much more widespread use of complementary and alternative medicine (CAM) in the US than had previously been appreciated.[8] In a representative sample of the public a large percentage perceived that CAM, defined to include chiropractic, was more effective than "conventional medical care" for back conditions (46.1% vs 12.4%), neck conditions (61.0% vs 6.4%) and headaches (39.1% vs 19.0%). These were the conditions for which there was huge use of CAM generally and chiropractic specifically. Related research events were:

• 2001 – The expert report from the Duke Evidence-Based Practice Center at Duke University recommended behavioural and physical treatments including spinal manipulation for patients with tension and cervicogenic headaches.[9]

• 2008 – The long-awaited report of the BJD 2000-2010 Task Force on Neck Pain and its Associated Disorders was published in both Spine and the European Spine Journal, and then the Journal of Manipulative and Physical Therapies (JMPT).[10] Dr Haldeman was the Task Force's president. Thirty-two leading international experts re-wrote the classification and management of neck pain and related headache and other disorders in a manner that was supportive of the chiropractic model of management for most patients. By now the absence of chiropractic research capacity and the medical ostracism of the 1980s were gone and, Dr Haldeman pointed out, no one questioned that the President, one of the two Scientific Secretaries and five other members of the Task Force came from a chiropractic background.

Other events included the more common introduction of chiropractic services in multidisciplinary community-based and hospital settings, including the Department of Defence (DOD) and Veterans' Administration (VA) healthcare systems. Internationally, through the WFC, the profession reached a consensus on a market identity of chiropractic as "the spinal health experts in mainstream healthcare." But was the profession ready for this more defined and integrated role in mainstream healthcare? Challenges were:

• Finding, funding and training more chiropractors interested in research and policy.

• The continued lack of participation of practicing chiropractors in professional societies and their research meetings.

10. **The 2010s**. In the United States the current decade was ushered in on March 23, 2010 by the Patient Protection and Affordable Care Act (Obamacare), with its new emphasis on patient-centered, evidence-based care. What was now being promoted were healthcare services that are proven effective, cost effective and satisfying to patients - regardless of who the providers of these services may be. The rapid changes in payment for Medicare and other funded healthcare services under this new regime had just been reviewed, Dr Haldeman noted, at a forum hosted by the Journal of the American Medical Association (JAMA) in Washington DC during the past month. For example:

• In 2011 all Medicare payments, including those for chiropractic services, were fee-for-service. By the end of 2016 30% will be non fee-for-service, by the end of 2018 50%.

• 85% of payments that are still fee-for-service at the end of 2016 will have their payments tied to measures of quality or value.

11. Recent significant events for the chiropractic profession have been:

• Publication of the 2010 Global Burden of Disease Report in The Lancet in 2012.[11] Key results with respect to spinal disorders are:

• Low-back pain is the leading cause of disability worldwide contributing 10.7% of total years lived with disability (YLDs).

• Neck pain is the fourth leading cause of disability worldwide.

*Dr Tony Hamm, ACA President, holds the Presidential Award just after presentation to Dr Haldeman, with (*from left*) Dr Christine Goertz, Dr Haldeman, George McAndrews and Dr Sportelli.*

• Low-back pain is the sixth most important contributor to the global burden of disease (combining both death and disability).

• It has a greater impact on global health than malaria or tuberculosis; preterm birth complications; chronic obstructive pulmonary disease (COPD); diabetes or lung cancer.

• Back and neck pain combined have a greater impact on global health than Alzheimer's Disease, breast and lung cancer combined, depression, diabetes, lower respiratory infections, or stroke.

• Publication of open support for spinal manipulation and chiropractic management of spinal disorders by influential medical organizations and publications, such as the American College of Physicians and the Harvard Health Review. In April 2014 the patient page of the Journal of the American Medical Association, which formerly tried to eliminate chiropractic as we have seen, advised readers – family physicians and patients – that chiropractic was a beneficial option for back pain.[12] • Palmer College completed a broad consultation on the market identity of the profession that reinforced the position of the WFC by identifying the doctor of chiropractic as "the primary care professional for spinal health and wellbeing." There has now been widespread adoption of this identity. The new mission statement of the Canadian Memorial Chiropractic College, for example, is "an academic institution recognized for creating leaders in spinal health."

E. Current Status and Challenges

12. Dr Haldeman's headline conclusion in his lecture was that "we have taken care of the medical challenge but we now have to take care of the chiropractic profession." His meaning was that the door was now wide open for chiropractic to assume the role of non-surgical, conservative primary spinal health experts, and to be recognized as an essential service within the mainstream healthcare system for the prevention and management of spine-related pain and disability. But can the chiropractic profession walk through that door?

At all the medical spine care meetings he attends, Dr Haldeman explained, his medical colleagues acknowledge this available role for the chiropractic profession. As a sign of the changing mood the National Institutes of Health (NIH) center that has funded chiropractic research since the late 1990s, the National Center for Complementary and Alternative Medicine (NCCAM) has now been renamed the National Center for Complementary and Integrated Medicine (NCCIM). This is a change of title that signals inclusion and acceptance. Dr Christine Goertz, who had introduced him and used to work at NCCAM/NCCIM and who continues to serve on senior health policy committees, explains, Dr Haldeman said:

"I used to be asked how could chiropractic possibly work, and then the question was is there evidence that it helps people?. Now I am asked how can I find a good chiropractor?"

13. What is the current status of the profession? Dr Haldeman's answer:

• Chiropractic care is one of the few accepted evidence-based treatments for spinal pain.

• Chiropractic theory has a solid but incomplete body of scientific experimental support.

• Chiropractors are invited to participate in most spine and public health policy conferences, meetings and discussions.

• Chiropractors are now serving on the interdisciplinary teams at the VA and Military Health Care Centers and at increasing numbers of hospitals and interdisciplinary spine centers.

• There is growing support for a primary spine care identity for the practice of chiropractic amongst the non-chiropractic community.

14. What are the challenges and how should they be addressed?

• The continuing campaign by some in the profession to include chiropractors within the definition of primary general practice physicians. *The spine care identity should be promoted, with a primary focus on management of conditions where there is data/evidence in support (e.g. back and neck pain, headaches).*

• Poor participation in recognition/certification programs such as the URAC, NCQA, registries and PQRS in the United States, and in national and international forums on spinal disorders. *Participation must increase significantly.*

• Continued claims of chiropractic cures without evidence. *In the new healthcare climate this is more damaging than in the past and must stop.*

• Poor participation in state and national chiropractic and spine societies.

• Inadequate continuing education to prepare the profession for the new reality. *Chiropractic educational institutions must train current students and practicing chiropractors to practice within the new reality.*

(For an excellent summary of the skills and qualities required for this new reality see *The Establishment of a Primary Spine Care Practitioner and its Benefits to Healthcare Reform in the United States* by Murphy, Justice et al.[13] available free online at Chiropractic and Manual Therapies and via the WFC's Reading List at www.wfc.org.)

• Inadequate numbers of research policy and teaching experts. Chiropractic organizations must identify and support today's leading experts (e.g. giving them research, salary, travel and political support – and publicity) and generate funding to train additional ones. To use Dr Haldeman's metaphor "the knights, both male and female, need armour and weapons, and we need more of them."

15. Dr Haldeman ended with two powerful examples of the role that chiropractors can play as primary spine care experts. Both are visionary international projects initiated by him during the past five years. The first is World Spine Care (www.worldspinecare.org) a non-profit charity registered in the United States and Canada with the goal of helping people with spinal disorders in underserved communities throughout the world through providing sustainable evidence-based spine care.

Figureheads for World Spine Care include Nobel Peace Prize winner Archbishop Emeritus Desmond Tutu of South Africa, and Elon Musk, co-founder of PayPal and CEO of SpaceX and Tesla Motors. Clinics are open in Botswana and the Dominican Republic and arrangements are in place for clinics in India and Tanzania, pending funding. The primary spine care clinicians responsible for the clinics to date have been mostly chiropractic volunteers serving one year rotations with multiple other chiropractors, physical therapists and nurse practitioner volunteers from many countries around the world spending shorter periods seeing patients or developing

programs at the clinics. These clinics provide evidence-based interventions that include screening for serious pathology, manual and manipulative therapies, exercise as well as patient and community-based education programs. These clinics are part of a multidisciplinary program, and volunteer surgical and medical specialists are consulted in when needed. Prevention includes scoliosis screening, the straighten-up exercises program and yoga-based exercises. There is much more detail at the website.

As Dr Haldeman explained "a billion people worldwide suffer from spinal pain, its prevalence is four times higher in developing countries, disability from back pain is particularly devastating to those in poor communities", and "World Spine Care is the only organization worldwide that is tackling this global health crisis in an inter-professional, evidence-based, sustainable way." Building local healthcare capacity is central to World Spine Care and part of the plan to sustain services involves scholarships for local students to study chiropractic and return to assume a primary care role.

Second, and arising from World Spine Care, is the Global Spine Care Initiative (GSCI), a project to develop and disseminate an effective, low-cost, spine care model that can be implemented in communities with limited resources. GSCI was launched in 2014 as a six-year initiative which involves four phases with these goals:

- Develop a universally-acceptable model of care for spinal disorders.
- Implement and test the model in 5 carefully chosen countries, with it modified to address relevant language, culture, resources, and other local factors.
- Measure the impact of the model on the burden of disease in these communities
- Disseminate the results through WHO, and government and academic channels.

F. Conclusion

16. Much of the power of this first McAndrews Leadership lecture came from Dr Haldeman's juxtaposition of the immaturity and isolation of the profession 40-50 years ago, its greater maturity and acceptance today, and its potential for much greater development, service and success in the near future.

But there was power also in his challenging conclusion, his call to arms – one of many in which he has led the way and been proved correct throughout his career. This was that "the next five years will be the most dramatic and exciting we have seen in healthcare policy evolution generally and, in particular, in spine care and the role of the chiropractic profession."

However "chiropractic organizations, educational institutions, researchers, policy experts and clinicians will have to understand what is happening and assume a leadership role." Chiropractors must commit and be seen to commit "to helping people with spinal disorders throughout the world irrespective of their ability to pay."

The McAndrews Leadership Lectures have been launched in impressive style – and with a message that chiropractors and their institutions should hear, heed and now act upon. TCR

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