Allan Gotlib DC
Editor/JCCA

WHO IS WEAVING THE FABRIC OF CANADIAN CHIROPRACTIC?

From a historical point of view, this profession has relied on a handful of visionary individuals to forge a path through the quagmire of political, regulatory and academic uncertainty. Our very fabric has been spun by various threads each with differing mandates, but somehow remarkably intertwined in a dynamic and mostly cohesive pattern. When a glitch develops and a tear in the fabric occasionally occurs, the weavers of the fabric unite to form common bonds and repair the fabric. At times sparks may fly, but the fabric is resilient and has not yet caught on fire.

The last 15 years as editor have allowed me the discretion to make certain observations regarding the inherent common characteristics of our weavers:

1 unparalleled passion for the profession,
2 infinite patience even in the face of adversity,
3 unequivocal dedication to the profession,
4 inherently defensive and protectively isolationist.

Our profession has the potential to provide unlimited opportunity for discovery research and integrative collaborative synergies amongst multidisciplinary researchers, policy makers and the public, all to the benefit of Canadians and the Canadian economy. Current data indicates that $725 million dollars are spent annually on chiropractic care (Table 1), and recent studies support chiropractic interventions in terms of effectiveness, cost-effectiveness, patient satisfaction, recommended government management protocols and utilization.

Who are those intellects that have been intricately involved with the Canadian chiropractic profession and have had significant impact in crafting our legacy? In an effort to answer this question, and after some consultation, 14 of those individuals invited to express their views in an open forum have responded. These 14 points of view should set out the defining moments in our history, and what issues in their view, *make a difference*.

Table 1
Approximately $725 million spent annually on chiropractic care (Source CCA)

Provincial health plans	$232 million	32.0%
Workers Compensation Boards	$41 million	5.6%
Third party payors	$85 million	11.7%
Patients	$367 million	50.7%

You will hear from those in the "Academic/Research/Clinical" threads, the "Regulatory/Administrative" threads, and the "Political/Historical" threads.

What pressing matters require our attention now, and over the next 20 year period. What major events or influences have had a significant impact on chiropractic in Canada? What has catapulted, shifted, or moved the profession? Have opportunists within the profession actually encumbered our evolution? Where are we going and who will be the future weavers? What are your concerns? Will there come a time when *professional unity* in all planes will put recurring tears to rest? How will Canadians benefit?

I have asked these individuals to indulge in speculation, to go beyond conventional thinking, to look beyond the moment. Their wisdom and strengths may inspire many successors.

Some views you will find reflective, blunt, visionary, provocative, speculative, even outrageous. However, I believe these 14 points of view will capture the profession succinctly, and at the very least, identify the issues that have characterized our past and those issues that will challenge our future. It remains open to the profession to act on these views, to strengthen our faith in the future, and to make a difference.

I believe that our profession is at a turning point in Canada. What necessary steps must be taken to safeguard our great legacy, to sustain and strengthen it? What tenets will hold their value? I ask you all, what is the value of chiropractic to this *nation's* fabric?

David Peterson DC
President
Chiropractic Foundation
for Spinal Research

CHIROPRACTIC IN THE NEXT MILLENNIUM

The world of chiropractic and health care is much different today than the one I entered twenty-five years ago. Back then; chiropractic was the only game in town. To be successful in practice you simply had to do a good job with your patients. Today, unfortunately that is not enough. There are an increasing numbers of chiropractors, many physiotherapists are doing a good job of active functional restoration, not just the passive shake and bake anymore, there are rehab clinics, back institutes, physiatrists and massage therapists. The public has many choices – how do you get them to choose you?

In the midst of these increasing options, there are unprecedented opportunities to practice in settings that 5–10 years ago we only dreamt about as the tidal wave of complementary, alternative, holistic and integrated health care backed by consumer demand sweeps the country. There is a radical shift taking place and chiropractic is in the best position to take advantage of it. No other alternative health discipline has legislation in every jurisdiction, provincial health care coverage in many provinces, accredited and university based education, WCB and private insurance coverage plus more.

The key to chiropractic's future will be our ability and willingness to adapt and to create and seize new opportunities. This ability and willingness to change is one of the hallmarks of success for any business and poses perhaps one of the greatest challenges to the future of the chiropractic profession. If we continue to religiously hang on to unsubstantiated and outdated premises and are not willing to change, improve and adapt we will get left behind.

B.J. Palmer was one of the most brilliant minds our profession has ever seen. His creative and inventive mind flourished in an era that spawned tremendous change with the likes of Henry Ford and the Wright brothers. B.J. constantly challenged the status quo and pushed for new and better ways of healing. If we think for a moment that B.J. would still be practicing chiropractic today like he did 50 years ago, we are the crazy ones.

The fact is, chiropractic is still a very young and growing profession – we have not arrived. There are so many new frontiers and niche markets that would benefit from a chiropractic perspective. I believe there is much more that chiropractic can contribute to areas like orofacial pain, whiplash, TMJ, rehabilitation, occupational therapy, pediatrics, geriatrics, sports medicine and clinical nutrition to name only a few. Chiropractic needs pioneers to expand the boundaries of our understanding, knowledge and research in these areas.

Research

I firmly believe that one of the keys to our future is research. We must do and be seen to be doing quality research into all aspects of natural health care. I believe we can achieve real breakthroughs in the area of musculoskeletal disorders and disabilities, chronic degenerative conditions and health and wellness through integrated research utilizing the chiropractic perspective of holistic health. Herzog, Suter, McMorland and Bray in their recent award winning paper *Effects of Sacroiliac Joint Manipulation on Quadriceps Inhibition in Patients with Anterior Knee Pain: A Randomized Controlled Trial* is a good example of research that integrates a holistic chiropractic approach to anterior knee pain as opposed to a regional or compartmentalized approach.

The CFSR, the CCA Research Committee, the Quebec Foundation and the Consortium of Chiropractic Research Centers are working hard to establish solid and sustainable integrated research programs with a track for new chiropractic researchers. Our vision is to see the establishment of six networked Research Centers of Excellence across Canada. These quality integrated university based research centers will produce credible research and are able to secure funding or matching funds from foundations and usually have facilities, equipment, administration and supervision provided. This is the future of research in chiropractic and we are already seeing it beginning to happen as we establish partnerships with funding agencies and universities. As government, third party payors, and other health care providers see our commitment to quality re-

search it will open more doors for the clinician and the profession. The majority of the funding for these projects will come from outside the profession, however there is a need for the profession to provide the seed money and moral support for these initiatives.

Unity in purpose and practice

In chiropractic we are fortunate to have two main drivers to our practice – **science** and **philosophy**. The **art** of chiropractic is in the skillful application of our science and philosophy. These two are not mutually exclusive but are most effective when used together – we are less effective if we are all science or all philosophy. Chiropractic never has and never will have uniformity in practice. This has been viewed by some as the Achilles heel of chiropractic. Let's change our thinking and instead begin to see this diversity as strength of our profession. Let us create a model of chiropractic that has at its core **non-negotiable values that as chiropractors we all agree on**. Some of these values may be:

– The body's inherent ability to heal itself
– Partnership with the patient
– A holistic approach to health,
– Vertebral subluxations
– A drugless profession,
– Natural approach to health.

By accepting these non-negotiables, it then allows freedom for practitioners to practice chiropractic within their comfort zone without the fear of being judged by their peers as fanatical lunatics or medipractors. Chiropractic is and must remain broad based encompassing a broad spectrum of philosophy and practice and we must fight against those who would promote chiropractic as only biomechanical or only subluxation based. Practitioners should have the freedom to practice only biomechanical or only subluxation if they choose but must recognize they are practicing only a facet of chiropractic health care.

The Future

Where is health care going? What is the consumer looking for? What could be the role of chiropractic in the future?

Wayne Gretzky said that the secret to his success was his ability to anticipate where the puck was going and to be in position to play it before anyone else. Sounds simple – but effective. As individual chiropractors and as a profession we must have our eyes wide open to see where health care is going and then be willing to pay the price to be in position to provide the care. Health care is moving towards evidence-based care where only the most effective and proven treatment procedures will be covered by many providers. This puts the onus squarely on our shoulders to do the research to demonstrate the effectiveness of our treatment procedures vs. those presently in use. We must also compare the various treatment approaches within chiropractic to determine those procedures that are most effective for certain conditions.

It is obvious from the Eisenberg and Landmark Studies that the public, particularly the baby boomers are moving quickly towards alternative and complementary health care, looking for more natural approaches to health and wellness. As the public becomes more informed they are becoming more disenchanted with medicine's singular approach to health and wellness and realize that there must be more. Therefore, the move to more traditional and natural holistic approaches to health, which encompasses body, mind and spirit. As this search continues we will see a greater desire for more understanding of the mental and spiritual aspects of health. Chiropractic has for the most part dealt strictly in the physical, however more of our emphasis must go towards understanding the role of socio-economic and psychosocial factors in health.

Clinical nutrition, and particularly neutraceuticals is a growing industry as the public is beginning to understand the huge role that nutrition can play in their health. No one profession other than naturopathy has stepped up to the mark to be the gatekeeper for this area – it is said that up to 85% of the advice for natural health care supplements is presently given by health store clerks. The naturopathic profession is too small at present to meet this need – this is supported by the growing patient waiting lists at their practices. There is an opportunity here for chiropractic.

Chiropractic is meeting the needs of many of our patients searching for a natural approach to health and a wellness. However, for the public at large and in reviewing the latest publications on "wellness" chiropractic is not even on the radar screen. We must all do more to expand our knowledge and expertise in this area.

We have been left a strong chiropractic legacy by the pioneers of chiropractic. Twenty-first century chiropractic belongs to you and me – let's make sure we take good care of it!

Jean A Moss DC, MBA
President,
Canadian Memorial
Chiropractic College

A new millennium brings with it the promise of renewal and new opportunities. The decisions that we make as a profession in the next few years will determine the role that we will play in the future health of Canadians.

There are increasing pressures from government and third party payers who are demanding evidence-based outcomes. To a large extent, control of the situation is being taken from us. This has been particularly evident in the United States, where the impact of managed care has been significant. In Canada the prevailing view is that the health care system is costly and ineffective, and the pressure for change is enormous.

Our isolation from mainstream health care has, in the past, benefitted our growth and development. However, the world as we knew it has been changed by research, by the establishment of the efficacy of our therapy, and by the advent of evidence-based health care. The result is that we have moved from being perceived as alternative to an increasing acceptance that we are mainstream. Isolation is no longer an option. We can no longer sit on the sidelines and criticize the inadequacies of the system and pretend that we are not part of it. We must be in a position to maintain our heritage while moving into the new millennium as a member of the health care team.

It is important that we recognize that decisions concerning chiropractic care are not ours alone to make. We are responsible for the legacy we leave to those who will join the profession in the future. In addition, we have a responsibility to the public to ensure that they can access chiropractic services. Access is limited by obvious factors such as limitations on coverage through government and other third party payers. It is also limited by ignorance and fed by misinformation and bias. The result is that people who could benefit from chiropractic care are unwilling or unable to access our services.

How do we bring about change? In June of this year, I was fortunate to be selected to attend an executive development programme entitled "Understanding the New World of Health Care," offered by the University of Toronto and Harvard University. Most participants were individuals involved in health policy development, and included Deputy Ministers of Health and CEO's of major hospitals from across Canada. As the course progressed it became very clear that there are no definitive answers to the current challenges facing the health care system. There was, however, general consensus that the future health care system will revolve around a multi-disciplinary community-based health care model. There was considerable interest in the inclusion of complementary and alternative health care providers on the multi-disciplinary team. However, the fact that I was the only representative from these health professions selected to attend the programme is symbolic of the lack of influence we have on the development and focus of health policy in Canada.

The multi-disciplinary community health care model, which includes the chiropractor as an integral member of a health care team, is a model which offers many opportunities for chiropractic to be viewed as the therapy of choice for much more than just low back pain. At the Canadian Memorial Chiropractic College (CMCC) we have recognized this and have adapted its clinical education programme accordingly. The opening of a series of external clinics in multi-disciplinary settings has offered our interns the challenge of working in such an environment. It also allows other health professionals to observe how well chiropractors can be integrated into the health care team.

If there is to be a health care system involving chiropractors then it is incumbent upon us to be involved in the development of such a system. Chiropractors must be included in the development of future health care policy. This can be accomplished in two ways: through chiropractors obtaining advanced educational degrees and focusing on policy development, and through the involvement of the profession in health policy conferences and ultimately serving on health policy committees.

In addition, we must continue to raise the profile of the profession. We must elevate the public's perception of chiropractic through an understanding of our education and research credentials. CMCC's contribution to this effort is through the graduation of highly qualified practitioners, university affiliation, and participation in signifi-

cant research projects. Affiliation will help resolve the issue of historical prejudice against the credentials and education of chiropractors, while published peer-reviewed research will challenge the wider scientific community to engage in our growth and development. More importantly, participation in research and, therefore, self-examination is a mark of a true profession.

In conclusion, I would suggest that our future development is once again at a crossroads. The path we choose is critical to our development as a profession. We must embrace the challenge and choose not the path of least resistance but boldly move forward and seek answers to those questions pertaining to the art, science, and philosophy of our profession. This growth through knowledge and understanding will strengthen our profession and help situate us as a full partner in the development of an effective, patient-centred, community-based health care system.

The window of opportunity is now; the choice is ours.

Colin Greenshields DC
St. Catharines, Ontario

CHIROPRACTIC IN CANADA IN THE NEW MILLENNIUM

Chiropractic in Canada is poised for a great future of service. The vision and commitment of a small number of chiropractors has set the stage. Three early chiropractic schools (Toronto, Hamilton, and Sault Ste. Marie) were not able to survive the pressures of their time. The single greatest event in Canadian chiropractic history was the opening of the doors at Canadian Memorial Chiropractic College (CMCC) in 1945. Timing was of the essence, as it provided a four year chiropractic education to several hundred World War II veterans, fully paid by the government rehabilitation program. The college expanded and later moved to the present larger facilities. Regardless of almost insurmountable difficulties ever, five thousand new chiropractors have swelled our ranks from this institution. CMCC has actively sought university affiliation for many years. Negotiations are progressing and fundraising underway for a new college facility at York University in Toronto. The next few years should see this dream become a reality. A vibrant and stable CMCC is essential. Just look at what happened to osteopathy in Canada! Currently there are more than double the number of Canadian students at American chiropractic colleges than there are at CMCC. This will likely continue as CMCC does not plan on increasing enrollment significantly. While this will increase the variety of graduates, it will also create more dual loyalties, which leads to decreased support for CMCC. Additionally, UQTR is meeting the special needs of Quebec. Manpower will not be a problem.

The second most important accomplishment for chiropractic in Canada was the (partial) inclusion in medicare. This followed an unprecedented effort by a team working from 1962 to 1970. In the following thirty years hundreds of millions of dollars have been provided for chiropractic care in offices, clinics and at CMCC's clinics. While preventive and wellness care have not been addressed, the chiropractic adjustment has. This has made a contribution to the health of Canadians of inestimable value. Also, it has been a major factor in achieving the 15% awareness and utilization level, which is scheduled to climb to 25% in the near future. Although there is a trend towards the preventive and wellness models of health, it seems unlikely that this will be funded by governments in the near future – perhaps a little more in the public health area. It should be noted that many large corporations are concerned about the health and wellness of their executives, while the general population receives sickness and accident care. Thus the two tier system will continue. Chiropractors will need to work on both the accessability and availability issues.

The need for chiropractic will increase greatly due to the

dramatic changes taking place. Examples are an aging population, greed, speed, degradation of the environment, as well as internal and external stresses of all kinds. These lead to subluxations, which the chiropractor is the expert in locating and correcting. Also, the profession should be leading in lifestyle and environmental factors relating to health. The emerging shift from drugs to herbs and alternate therapies is only a step on the way. While the individual may assume more responsibility, uses substances with less toxicity and treatments not as invasive – the subluxation complex remains.

An important milestone will be reached within the coming century when science will provide the long awaited proof and explanation for the higher energies involved in all living things. Presently each group puts its own name and spin on what has been observed, or denies its existence. Take your choice of nature, energy, life force, innate intelligence, power, chi, the x, prana, God within, etc. Further evidence will reveal how these processes are interrupted and may be restored. Then it will be time to adjust chiropractic's principles and philosophy as needed. Meanwhile, lets not throw the baby out with the bath water, only to have others once again claim a new discovery for themselves.

It is already known and provable that the human body is self-regulating and self-healing (within limits), that there is inter as well as intra cellular communication, and that the functioning of the nervous system is specific to the changing needs of the body. Both the vitalistic and mechanistic theories will be shown to be involved in health. It seems sensible to travel down both rails until they converge at reality.

The long legislative battle is over for now. Subluxation based chiropractic adjustments are covered quite well in all of Canada.

The services of the chiropractic profession, when provided to our fullest, will contribute more than ever imagined to the health, well being, prosperity and happiness of Canadians. To accomplish this will require the dedication and actions of all chiropractors. You are included.

Roland Bryans DC
President
Canadian
Chiropractic Association

Chiropractic is at an important and critical juncture in its historical development. When one ponders the future of the profession as it enters into the new millennium, a number of interesting scenarios regarding growth and development come to mind. The decisions we make now and over the next decade will undoubtedly change the face of chiropractic allowing it to either develop as a dominant player in health care or remain a marginal competitor. Chiropractic has never had as many opportunities for growth, however, it has also never faced as many challenges.

The chiropractic profession is entering into the new millennium as the largest player in alternative health care at a time when the public is searching for new solutions to their health care needs. Those of us who have been in practice for more than fifteen years find it hard to believe that we have evolved from a marginal and controversial profession to the point where we are now considered mainstream. The health care paradigm is shifting as we speak. Fortunately for chiropractic, we are at the cutting edge of this new wave of health care delivery. One of the most significant advantages we have is that our approach to health care is fundamentally different from the conventional medical model. The chiropractic approach, while non invasive, also engages the patient as a partner in their recovery and is based on wellness rather than sickness principles.

Today's consumer is not prepared to accept health care intervention, either medical or chiropractic, on faith. They want answers, options and, most important, the opportunity to influence their own recovery. Patients are not just

turning to alternative health care in increasing numbers but, in fact, are leaving conventional medical care for anything else as an alternative.

If chiropractic continues to establish its credibility with outcomes measurement data, we will be in a much better position when the healthcare pendulum of change starts to swing back again toward scientific validity. We can anticipate that consumers will soon realize that many of the new wave health procedures they have turned to simply do not stand the test of time. We can also assume that while the consumer will continue to call upon medicine for acute or catastrophic illness care, medicine's role of gate keeper in health care will continue to erode. This, in turn, provides a window of opportunity for chiropractic to assume the gate keeper role in neuromusculoskeletal disorders and health conditions associated with spinal dysfunction.

Chiropractic's competition will intensify over the next decade with the growing acceptance of spinal manipulative therapy as a valuable tool in the treatment of mechanical joint dysfunction. We can anticipate that competition for this therapy will grow amongst other groups including physiotherapists, M.D.s, massage therapists, athletic trainers and so on.

Chiropractic must establish itself as the treatment of choice for neuromusculoskeletal (NMS) complaints. This does not mean that we should ignore wellness concepts in areas where chiropractic has shown considerable promise, such as colic and asthma. However, as inter professional competition gets stiffer, it will become critical for us to maintain established public acceptance and credibility. It would be disastrous to allow another health care provider group, with an interest in manual therapy, to assume a position of strength in the treatment of NMS disorders.

Traditionally, chiropractic has focused its attention on promoting the value of the adjustment. Now that the cost effectiveness of chiropractic has been established, we must shift our attention to establishing basic standards of training and practice for those who may wish to practice manual procedures. As CMCC follows UQTR into the university setting, we will have established a level of academic excellence which others interested in SMT will be challenged to meet. The recent tragedy in Saskatchewan has focused attention on the need for legislation to establish basic standards of training and practice as a matter of public health and safety. As a matter of interest, however, experience has shown that few, if any, other professions are prepared to learn SMT when intensive training is required.

Chiropractic also faces challenges associated with manpower issues. It is predicted that at its current growth rate, the profession will more than double over the next decade. In the face of this, we are confronted with the reality that our percentage of market share, after decades of stagnation at 10%, is only now starting to move. While this explosive growth in the profession may represent one of our greatest challenges, it may also represent one of our greatest opportunities. The easiest market for us to tap is back pain, neck pain and headaches, where we currently hold considerable public acceptance. The profession could easily meet its growth needs in this market niche alone. Doubling the size of the profession would significantly impact upon the political influence which chiropractic can generate in reversing both public and private sector policies which discourage access.

Typically, chiropractic has demonstrated an ability to react quickly to adversity. We must continue to remain adept at responding to change as our knowledge base evolves. It is critical that we not focus solely upon our historical roots as we prepare for these changes. As scientific data continues to validate chiropractic care for both musculoskeletal and non musculoskeletal conditions, we can anticipate a greater role in health care. Our understanding of the human nervous system, the immune system and the power of the mind in healing processes is still unfolding. It is important for chiropractic to prepare for and accept changes within its own paradigm. Chiropractic is a health discipline, not a religious experience or a belief system that must never change. I am often reminded of a comment I read about one of the profession's founding fathers, B.J. Palmer, one of the most innovative thinkers of his time. If B.J. were alive today, would he practice chiropractic now as he did then? I think not and it disappoints me when members of our profession isolate themselves because they are afraid of change. Isolation is a sure road to marginalization. While we should be proud of our history including our philosophy, like buggy manufacturers in the past, we must adapt to change in order to survive. Chiropractic has changed significantly over the last 100 years. Whether these changes will promote or stifle our growth as a profession will depend upon the choices we make today.

Donald J. Henderson
DC, FCCS(C), FCCR(C)
Past President
Canadian
Chiropractic Association

POSITIVE + NEGATIVE = NEUTRALIZATION OF EFFECT

Positive trends in chiropractic

Over the past 30 years internationally, our profession has been most fortunate to have witnessed some milestone events enhancing the image and legitimacy of chiropractic. These image-building accomplishments have resulted in better acceptance by our patients and an increasing segment of the general public. More significantly, these advances have also lead to recognition and support by a small number of influential academicians, politicians and other key decision-makers involved within the health care system in some capacity.

Consider the painstaking work and commitment of chiropractic leaders and friends collaborating on positive image-building projects. Many of our new graduates and practising chiropractors dedicated to full time practice enjoy the consequences of extraordinary effort and commitment of past leaders with vision. Indeed and on balance, seasoned field practitioners and recent graduates who practise chiropractic using good science and technique, and good ethical common sense have motivated past chiropractic leaders to execute ambitious plans for progress.

On major issues in Canada, we have been fortunate to enjoy professional unity compared with our colleagues in the US. When there has been unfair criticism of our profession, each organization has responded in a similar responsible manner. Periodic criticism and attacks by other professions have prompted evaluation of the accuracy of criticism and its impact on our image. When the criticism is fair, we have been prepared to remedy the problem not ignore it – for the issue only resurfaces again and again. As an example, some years ago there was little research to support even the basic claim that manipulation was an effective treatment for mechanical low back pain. We were mindful of this criticism and encouraged researchers to provide us with the evidence. Since then political and academic leaders in our profession have each respectively supported and conducted many good studies addressing this inadequacy. Because of this, even steadfast critics wishing to further isolate chiropractors from "manipulation or adjustment" research now claim 'expertise' in its application.

Collaborative sharing of resources among the 23 Canadian chiropractic organizations has had a powerful, positive impact on the profession. This has lead to, for example, the development of national guidelines, a Canadian research consortium, university-based education, etc. We should be exploring other similar applications – be it political, economic, academic to deal with issues of human resource allocation in health care, educational funding, chiropractic image problems, scope of practice, barriers to progress, etc. As for public acceptance and integration within the health care system, we – as a 105-year-old profession, still have a long way to go – this is apparent when looking at focus group studies and public attitude investigations. So despite our gains we should turn to see why our efforts have been, and may continue to be, inadequate in the new millennium.

Negative trends in chiropractic

Skepticism by the public, government, business and insurance industry, and other decision-makers requires any health profession's serious attention. Despite isolated instances worthy of harsh criticism, society is inclined to forgive and forget any profession's periodic problems if deserving of time-honoured trust and respect. In chiropractic however, we tend to be forever judged and held accountable to a "worst bad apple" level. What sullies our 105 year profession's best efforts to rise above the negative image of distrust and skepticism? Is it a coincidence that we see the past repeat itself – bringing forth old adversaries and re-newed threats to our credibility? What messages are we giving and who controls our image?

As chiropractors we were trained to value our science and art and philosophy; the latter component simply recognizing that the body heals itself – occasionally with help from those licensed to practise health care using skills gleaned on the former aspects. We studied for graduation

and licensure exams based primarily on that science and art. We were supposed to carry that knowledge into clinical practice recognizing that ongoing education, research and rational thinking were the expected norms. Some of us, however, interpret that practice management and technique courses heavily laidened with questionable philosophy and/or old marketing/motivational schemes should satisfy the need to keep current. How else did some of us come to accept demeaning practice gimmicks? How did some come to embrace an irrational belief system (quasi-science, religious dogma) in the clinical application of chiropractic care and that we are *the* alternative to medical care?

While we are often faced with obvious bias and criticism – always deserving of a strong rebuttal, can we deny that the essence of some of the criticism is off base? Can we continue to broadcast confusing messages; some of which disregard the reasonable approach to chiropractic practice?

Conclusion

We have the title "chiropractor" on loan to us for our practice life – we don't own it. Future chiropractors deserve the best; an image of unity and integrity on matters of quality health care delivery. Using consensus methods, we should officially define our unique "philosophical" approach using terminology befitting the 21st century. Simplistically embracing a 'one cause, one cure' ideology can only be seen as extreme. Emphasizing a natural approach to health care (fitness, nutrition, lifestyle advice, etc.) combined with effective treatment, and a "primum non nocere" message should be what we deliver and teach best.

Unfortunately all it would take is a small, but vocal, number of '19th century' chiropractors to frustrate progress in the 21st century. Would our founding chiropractors practise in the year 2000 the way they did in 1900? Many of us doubt it.

Bert Brandon DC
President
Council on Chiropractic Education (Canada)

MEETING THE CHALLENGE OF ON-GOING COMPETENCY ASSESSMENT IN THE NEW MILLENNIUM

Along with the privilege of being a self-regulated profession comes the responsibility to ensure that the public receives safe and effective treatment from each member of the chiropractic community. As we enter the new millennium, health related professions across our country are responding to the need to establish on-going competency assessment programs. In some cases the initiatives are voluntary but in others they have been mandated by legislation. In Ontario, for example, the Regulated Health Professions Act requires that each of the province's 21 health-related Colleges establishes a Quality Assurance Program which simultaneously seeks to identify practitioners in need of remediation as well as promote the overall enhancement of professional practice.

Understandably programs which seek to determine the on-going competency of practitioners often spark significant levels of anxiety among professionals. Fear of losing one's license tends to be the overriding concern and as a result, the benefits from such programs are overshadowed by their perceived threat. The establishment of such programs, however, serves a number of important functions and can strengthen the profession's image with the public as well as assist practitioners who truly would benefit from peer support and consultation. Moreover, a proactive stance on the part of the profession sends a message of confidence to the public and signals the profession's commitment to making the welfare of the public it's primary goal.

What then characterizes a Quality Assurance Program

for the profession of Chiropractic as we enter the new millennium?

Any program designed to address continuing competency must acknowledge several key factors prior to implementation. First, the competencies that characterize the nature of practice must be made explicit and should serve as the foundation for the development of any assessment tools. Second, the identification of such competencies should involve a representative sample of the profession. These practitioners should reflect the entire spectrum of the practice including such characteristics as years, types, location and structure of practice (e.g. solo versus group practice). Once identified, this group will be instrumental in developing the appropriate assessment tools and protocols. Depending on the design of assessment tools, this group may also be involved in setting standards for acceptable performance and participating in the direct assessment of their peers. Third, the primary responsibility for professional development rests in the hands of the practitioner. Quality assurance programs may help the practitioner identify areas of strength and weaknesses and may assist in the selection of appropriate learning resources but ultimately the practitioner is responsible for dealing directly with their own professional development issues. Fourth, such programs must address the diversity of practice. One approach to this challenge is to identify a central core of skills, which are common across the diversity of practice. Alternately, some professions have developed specialized Quality Assurance programs, which acknowledge the specialization found in practice.

Having identified some of the underlying factors which impact on implementing a Quality Assurance Program, the task of helping a practitioner recognize relative areas of strengths and weaknesses can be addressed. To date, many Colleges have relied on a combination of self-directed and peer directed assessment. The practitioner typically begins by reflecting on his or her own practice using a self-assessment instrument. The instrument generally includes the competencies, which characterize safe and effective practice. Practitioners are asked to assess the extent to which they are comfortable with each of the competencies. In some cases they may be required to indicate the frequency with which they comply with each competency. Regardless, as to the method of response, the best use of such instruments may simply be to initiate the process of self-assessment. In order for the practitioner to engage in professional development he or she must become aware of skill areas requiring improvement.

The process of self assessment is frequently enhanced in the professions by introducing practitioners to professional portfolios which are tools to help organize and document the kind of activities which serve to promote professional development. For example, portfolios may include a summary of workshops, lectures attended or courses completed. The portfolios are by nature individual in character and appear best suited as a tool for personal reflection. Attempts to evaluate such tools have tended to undermine their value.

A second form of evaluation involves peer assessment. There are several techniques in using this approach. These methods have included on-site evaluations, which typically review practice facilities and patient files. This particular strategy by its very nature is difficult to standardize across practice settings. Moreover, such models fail to recognize the value of bringing practitioners to a central location where peer sharing and learning builds a network of peer support. Other approaches have involved the evaluation of the professional portfolio by peers or the validation of the self-assessment instrument by peers. While these activities may be of great value, they do not directly assess the practitioner's clinical skills. In failing to do so, the practitioner may not obtain the necessary assessment data to effectively direct a professional development program and the issue of public protection which remains the driving force behind continued competency assessment is not fully addressed.

A comprehensive Quality Assurance Program is likely to produce a number of benefits, which should be of value to all stakeholders. First, practitioners who participate in such programs would benefit from the feedback the programs provide. For example, the X-ray Peer Review program currently in place in Ontario has assisted many chiropractors with interpretation and narrative report writing skills as well as the assessment and enhancement of the technical aspects of the production of radiographs. In addition to serving an educational role, Quality Assurance Programs should also produce long-term benefits such as reducing the numbers of public complaints levied against practitioners and ultimately contribute to better outcomes for chiropractic patients. While the methods to ascertain such data are complex, a variety of models are currently

under study and could be implemented at the appropriate time.

Taken together these potential benefits serve as a strong catalyst to embrace the challenge of implementing the assessment of on-going competency and would ultimately benefit both the profession of Chiropractic and it's public.

Greg Dunn DC
Executive Director
Canadian Chiropractic
Protective Association

For a time I thought the centennial of chiropractic in 1995 was a turning point for the profession both in our political development as well as public perception and recognition.

I was wrong.

It was only a time of reflection, a point at which we marked the time and took stock. What we experienced in 1995 was like viewing a mural of our past, present, and future. The confluence of images we saw was like something Picasso would paint! This mural, that reflects our profession, is full of images that are sometimes real, sometimes surreal; images that aren't always congruent nor do they always conflict! We are an interesting lot and even after 105 years of existence we are still at war with ourselves and those professionals with whom we share the health care scene. What an exciting and unparalleled journey we are on!

It seems that as a profession, we are at a cross roads of paradoxical and conflicting influences. Within chiropractic there is an uneasy coexistence of varying ideas, philosophies, and treatment paradigms. At the turn of the century chiropractic is like the recalcitrant teenager ... totally unmanageable. It knows everything; resents any rules and regulations; its former and current leaders are to be tolerated but are deemed to be otherwise useless. We are explosive in personality and spoiling for an opportunity to fight!

The fabric of our identity is so thin in places that it is tearing. This is the price we are paying for the rapid growth of our ranks. There has been no time to assimilate the new practitioners into the fold. To some, the historical development of the profession has become redundant and unnecessary baggage in the quest to make a living. There are others who cling religiously to the tenets of our past leaders as if frozen in a by-gone era. Would leaders of such vision have rooted their development and free thinking ways in the early 1900's? Or, would they have continued to use their inquiring minds to refine, modify, and foster the further progress of this great profession? Things change. Times change. People change. The dichotomy of viewpoints is not disappearing.

Coincidentally, and politically, medicine is lying in wait for each and every opportunity to attack and discredit us. The Dr. Murray Katz's of the world are still so bent in their quest to destroy us that they cannot see truth. They continue to have an audience and following even when they are out of touch with reality. Most of us thought the days were a distant memory when people of such little credibility could sway public opinion. The sensationalism and imbalance in the reporting of the truth surrounding the incident in Saskatoon shocked and dismayed all of us. This harsh reality is a bitter pill for a proud profession to swallow on the eve of the millennium.

Oblivious to this internal and external fracas going on, scientists and researchers go about their business proving some of our long held beliefs and disproving others.

Recent events have tested our maturity as a profession. We have been forced to "grow up" and accept the fact that the power of the adjustment carries with it an awesome responsibility. If we have a proprietary interest in this field of expertise we must be responsible for knowing, understanding, and accepting the risks as well as the benefits of its practice.

The quest for university affiliation is drawing to a close. We have achieved this status at UQTR in Trois Rivières and we are in the final stages of fulfilling the goal of the

affiliation of Canadian Memorial Chiropractic College (CMCC) at York University. I am still perplexed at the conflict this creates in 1999. Even some of our own members are still suspicious and fearful of affiliation. To them I pose the question: "How can learning and being in a position to teach others about us, harm us?". On the other hand there are still those outside of the profession viewing this affiliation as educational heresy. To them I pose the question: "What can we possibly do to these bastions of learning to cause them harm?". How can facts and academic freedom still scare people on the eve of the new millennium?

Public perception of our profession is changing, albeit slowly. Perhaps the slowness of this changing perception is a reflection of our own identity crisis? Undoubtedly the completion of the affiliation process will help. Having chiropractic out in the open will be the best thing that has ever happened to us. It will allow others to view us in a new light, unprotected by the veil of isolationism. It will also make us more aware of what we say and do as a profession and as practitioners of a healing art. Open and critical discussion of our profession will make us take stock and perhaps help us shed some of the baggage we have been carrying for too long. Standing back and seeing our profession again for the "first time" will renew our interest in our past and perhaps allow us to accept it for what it is. It will also force us to become more decisive as to where we want to be in the future.

Growing up is hard. We must realize though that we have arrived as a profession. We need to be vigilant, not over protective. We need to be progressive, not static. We cannot allow ourselves to become stuck in beliefs. We need to be accepting of reality. We need to be proud of our heritage but willing to step into the future ...

Edward R Burge DC
Past President
College of Chiropractors
of Ontario

The most significant event in health care regulation in the last decade was the departure of Ontario from the historical approach to defining scope of practice and the addition of the statutory requirement to establish a Continuous Quality Assurance program to validate the outcomes of care of the professions.

The usual approach to defining scope has been what is commonly referred to as a "laundry list" of acts and procedures that may be utilized by each profession.

With the introduction of the Regulated Health Professions Act (RHPA), Ontario has changed this approach, and has created one Act with the same legal and procedural provisions to regulate 24 different professions.

Scope of practice has been approached from the perspective that the only aspects of practice that should be regulated are those which pose a significant risk of harm to the public in the hands of the unqualified. It was a surprise to many that when the therapeutic and diagnostic procedures practiced by 24 professions were examined there was consensus by the stakeholders in health care regulation that only 13 acts performed by health care professionals were considered potentially harmful.

Chiropractic in Canada has been permanently impacted by this shift in the approach to regulation, because approximately one-half of Canadian health care providers, including chiropractors, reside in the province of Ontario.

The profession is now in the position that one-half of Canadian chiropractors are regulated by one Act with unique requirements for Quality Assurance, and the balance of the profession is regulated by 9 separate and different Acts with incongruous provisions from province to province. The impact of this reality must be examined if we are to understand the options for the future of the profession.

The new Act goes far beyond the traditional provisions to regulate the practice of chiropractic. It requires the governing bodies to demonstrate, based on outcome(s)

analysis, the improvements in the quality of the care each profession is providing. Each professional governing body in Ontario, (the Regulatory Colleges) must develop a program to ensure Continuous Quality Improvement. This in my view is a golden opportunity for the chiropractic profession.

It is a requirement of the Act to validate for the public, legislators, chiropractors, insurers, employers, unions and other stakeholders, the outcomes of chiropractic care. It is the successful management of this process that will ensure the future of the chiropractic profession and increase the demand for chiropractic services across our nation, and it will provide a basis for educating the public at large about the value of our services. We must also recognize that other professions in Ontario have the same legislative responsibility, and the outcomes of the health services of other professions are a competing factor. We must demonstrate that the qualities of our services are not only effective and improving, but that we are giving a "bang for the buck".

In a recent survey from the Ontario Chiropractic Association on negotiations for funding from the Ontario Health Insurance Plan (OHIP), the need to implement a Continuous Quality Assurance program as a new instrument to demonstrate the effectiveness of the profession as health care providers was reinforced.

Included in the statements put to the profession in Section 11 were the following:

6(a) "The OCA should consider ***restricting*** the number of chiropractors in this province". (Ontario)

6(b) "The OCA should consider ***limiting*** the number of OHIP billing numbers granted".

7(a) "The OCA should consider a maximum ***limit*** on the total annual OHIP payments to individual chiropractors".

These statements demonstrate the need for a concerted and collaborative effort by the profession to support the requirement of the College of Chiropractors of Ontario to establish a comprehensive Continuing Quality Assurance program to demonstrate the values of our care. It is not by *limiting* and *restricting* the profession that chiropractic will flourish, it is by objectively validating the values and appropriateness of the chiropractic approach so that the public and other stakeholders may make informed decisions with respect to chiropractic care.

Changes "***restricting*** the number of chiropractors in this province"(Ontario), or "***limiting*** the number of OHIP billing numbers granted" is the statutory authority of the College of Chiropractors of Ontario (CCO) and the Chiropractic Review Committee which is a committee of the CCO. To implement such steps could only be accomplished by establishing a regulation and only if the regulatory authority could be shown to be in the public interest.

In a survey of the chiropractic profession by Carlton Opinion Marketing and Public Affairs Survey Inc. in December of 1991 ($N = 303$), chiropractors when asked why most patients discontinue care provided the opinion that recovery of the patient and financial constraint were the most significant reasons. With recovered patients removed, money constraints account for two-thirds of patients who terminate chiropractic care.

Any suggestion to the profession that reducing funding to patients is a solution is incongruous with the realities of patient experience. It is not in the interest of the profession or the consumers of chiropractic services.

We must recognize that funding for chiropractic is increasingly becoming outcome based. This is one of the reasons for the legislative requirement for evidence of Continuous Quality Improvement.

The College of Chiropractors of Ontario has implemented some Quality Assurance measures, but the mandate with respect to outcome(s) data to demonstrate Continuous Quality Improvement of the profession as required by the Act must continuously unfold.

Implementing Quality Assurance is an opportunity for the profession; it is not a threat. It is enabling, not dictatorial. **It measures the performance of the profession, not the individual chiropractor.** It is Quality measurement, not Quality Control.

Q.A. is quite different than continuing education, and has nothing to do with "bad apples", assigning blame, providing a forum for punitive measures or "using the stick" to beat members into a mold. The "stick" as a tool for protecting the public from unqualified, unfit or incompetent chiropractors is the formal disciplinary process, a process that involves a minority of chiropractors.

Measurement of the present day outcomes (the standard) and validating improvement of outcomes of the care of the profession against that standard, is the only goal, which must drive the process. Q.A. focuses on the majority, must be incentive based, encourages collaborative

behavior among practitioners, offers positive rewards and encourages buy-ins to the process.

The ultimate payoff from a successful Quality Assurance program is members of the profession who are better informed about the options for successful health care management. It is a resource to inform the public about their options for chiropractic care. It leads to better health care decisions by chiropractors, the public and other interested stakeholders, and will ensure that there is evidence to demonstrate to governments that they are spending health dollars on things and in ways that contribute to health.

Paul Carey DC
President
Canadian Chiropractic
Protective Association

CHIROPRACTIC 1999!

Are we moving forward or are we moving in the opposite direction?

As the millennium approaches, will chiropractic be moving into the next century looking forward to the challenges and opportunities that progress and open minded attitudes can bring with it? Or will chiropractic be the only profession at the end of the 20th century that is looking backwards to the "good old days", trying to stop the clock, resisting scientific advances, fighting change, and wanting things to be as they were?

As I see it, this is part of the mixed message transmitted by our profession – chiropractic doesn't know if it wants to go ahead or retreat, to be progressive or regressive, to be scientific or non-scientific, to be a health care system or a religion. The profession as a whole seems to be incapable of making up its mind. To clarify this, each of us, as individuals, must define the profession for ourselves, accepting that the status quo will simply not do, and then, as a corporate body, agree, by consensus, where we want to go and how we plan to get there.

In my opinion, time is against us! There is an urgent need for chiropractic to make up its collective mind. We must decide now! Endless debate over philosophy is hurting us. Philosophic extremism is not in the patients' best interests and there is no proof that our philosophy improves patients' health. There is also only minimal evidence of chiropractic's long term benefits for health or reduction of disease or drug use. An anti-science, anti-rational, old time religion point of view will not allow us to grow or thrive. We appear to be the "old man out" in a health care system that is rapidly evolving.

This is not just my personal view. I believe it to be the view of the marketplace, i.e. the health care consumer. It is the consumer of our services who currently defines our position in the health care system. We will need convincing proof to change their views and to further accept and value our services. The consumer speaks with their feet and with their dollars and they are usually right!

Beyond resolving the question or debate on concepts of our future position in the health care system, there are three things that are urgently needed. First and foremost is university affiliation! We must progress and we must obtain this status. Secondly, we must learn to cooperate and to integrate better with other players in the health care field. The third essential is chiropractic research. In addition to these three items, it must be remembered that the primary goal of any health care profession is to do what is best for the patient, the public that we serve.

All too often, many health care practitioners and, certainly, a great many chiropractors have operated on what was good for themselves first – how could they increase patient numbers so that their incomes could increase. This was their focus, rather than increased patient benefits, effectiveness of care, or appropriateness of care. The question should be how can we treat the patient more effec-

tively at a lower cost as opposed to less effectively and more expensively as, unfortunately, many currently seem to do. If we are not delivering the best health care, we have no right or ability to survive in the 21st century.

Now, we also need to ask the important questions – who are we? what do we want to be? how do we hope to do that? what will be our future? Also we must ask – what is a subluxation? how do we measure it? can it be validated? what are its implications? who is to define it and accept it? does it exist? or is it a figment of the chiropractor's imagination?

If that makes you squirm, you must ask yourself why! What do we want to be known as: mainstream? complementary? alternative? cult? or just forever on the fringe? The choice is ours to make.

The future can look very bright or bleak, but it will, ultimately, be decided by us as chiropractors, both individually and as a profession. The clock is ticking and it is getting closer to midnight!

David Chapman-Smith LLB, FICC
Editor/Publisher
The Chiropractic Report

TO BE OR NOT TO BE LEADING THE MANIPULATIVE ARTS – THAT IS THE QUESTION

Imagine it is January 2000 and you are on a search committee for a new president for a chiropractic college, or a CEO for a major chiropractic association. Imagine, perhaps, you are asked to nominate three leading speakers for an important chiropractic meeting. What are your first instincts, who comes to mind? We will come back to this later. In the meantime, I have been asked to be provocative in this column.

Spinal manipulation has finally come of age. Regarded as ineffective, risky and inappropriate by medicine for generations it is now of proven benefit for the highly prevalent conditions of mechanical neck and back pain and cervical headache. More than this, it is superior to all the traditional medical and paramedical treatments.

As a result chiropractic has been ejected from the byways onto the highways, from the seclusion of small town and suburban business into the pressures of the mainstream dog-eat-dog market downtown. This places chiropractic on a ridge between two destinies. If it is unable to shed the attributes of a minority group, others will steal the clinical skills and market potential developed over a brave 100 years and the chiropractic profession will be a minor health care player without leadership in the manipulative arts. If it is mature, confident, adaptable, able to network and trust others – in other words if it can adjust from minority thinking to mainstream thinking – if faces huge growth and success during the next 20 years.

All minorities behave in similar ways – whether ethnic, religious, business, professional or based on sexual orientation. This typical behaviour is not inappropriate – in fact it is vital for the early survival and evolution of a small threatened group. The members adopt their own rituals and language to gain a strong identity. All their energy and fundraising is for themselves, and when they gather there are few outsiders present. Their own charismatic leaders are their main speakers over and over again, and they spend a disproportionate amount of time speaking to each other – arguing, offering reassurance and sharing their common burden. Conformity is valued, free thinking is seen as a threat, and self-criticism is discouraged as being disloyal.

All of these things ensure survival while an identity and critical mass are being established. However this minority behaviour condemns a group to limited growth. The outside world sees it as self-absorbed, intense, lacking in perspective and hard to relate to. The group must go through a metamorphosis. Now dissent and critical think-

ing are welcome, both within the group and from objective outside observers and experts. Secure of its identity, and no longer over-defensive, the group collaborates and networks with others developing common language, complementary goals and win-win solutions that advance the interests of all parties. In the language of Stephen Covey in *The 7 Habits of Highly Effective People* the group moves from *independence to interdependence* and now has the opportunity to become highly successful.

This is the mental adjustment that many chiropractors are making but that the profession as a whole must now make confidently and quickly. Instead of registering for chiropractic mutual admiration society meetings, where all the speakers are known in advance and can be guaranteed to perk up the spirits in the same old way, chiropractors must register for interdisciplinary meetings where few speakers are known but much is said that is stimulating, thought-provoking and connected to the profession's interests in the wider healthcare marketplace. Other professionals must be seen as potential colleagues and allies, not likely opposition, and their esteem should be as important as that of fellow chiropractors. Data must replace belief. Language must be simplified. In the 1960s the osteopathic profession changed the concept *osteopathic lesion* to the concept *somatic dysfunction*. Here, in the words of Patterson, is why: "In about 1960, with growing acceptance of the osteopathic profession in American medical structures, there developed increasing concern over the term *osteopathic lesion*. To the outside world, the phrase meant little. Despite the fact that the term had a tremendously rich clinical and research history and support, it was not accepted by outside entities. Ira Rumney DO coined the term *somatic dysfunction* to replace the term osteopathic lesion. The new term was more palatable to governmental and insurance agencies who were paying for treatment of the osteopathic lesion. The term became widespread in the profession and was officially adopted as the term for the former osteopathic lesion in the mid 1960s."[1]

Chiropractors must do something similar with chiropractic subluxation – use the term internally because of its "rich history" but use another externally. I would recommend *joint dysfunction*. They must acknowledge that adjustment is manipulation, albeit precise and skilled, and that they do not do anything unique – they just do an interesting blend of things better.

Some chiropractors will stay in traditional private practice but many others must flow into all settings where skilled biomechanical and neurological assessment, and manipulative care and exercise, can be given. This includes chiropractic networks, community health centres, corporate health centres, medical offices offering manipulation under joint anaesthesia, hospitals, sports clubs, professional sports teams, occupational health centres, etc. Wherever the marketplace wants skilled manipulative arts there should be a chiropractor willing and available.

All of this metamorphosis is now possible because chiropractic at last has a solid and secure identity. This is not based on anything as shaky as a clinical entity (subluxation) or a single treatment approach (adjustment). It is based on:

- The name of the profession – the title chiropractor is now established and protected by legislation in all world regions, and only those with an accredited chiropractic education can join the profession.
- Its education – no other professional has the same training as a chiropractor.
- The management and treatment approaches arising from that education – no single element of chiropractic management is unique but the mixture is, no other professional has the same mixture of philosophy and diagnostic and management skills.

Chiropractic has been talking to itself and its relatively few patients for too long. There is major work of public education and integration of chiropractic services to be done now that a chiropractic approach to health care is on the mainstream horizon. What are the major priorities for the chiropractic profession right now? There are three, successfully summarized in an expert report last year from the Institute for Alternative Futures in Washington, DC:[2]

1 To define its role in the health care system. The IAF rightly explains that the profession lacks a clear role in health care, that a serious coordinated effort from the grassroots up will be necessary to correct the problem, and that "without a clear and agreed upon role and a shared vision the profession will decline and suffer greatly in the near future because of new competitive pressures."

2 To collect convincing data and practice statistics from clinical practice. Currently this only exists for the management of patients with back pain, and to a lesser degree those with neck pain and headache. There must

be a similar effort in all significant areas of chiropractic practice, including wellness care. Those professions with the data will get the lion's share of the patients.

3 To develop the skills and capacities to work in many different health care environments. Major changes lie ahead for everyone and "the ability to be creative and integrate in various delivery systems is key to survival and growth." We've already talked about that.

To return to my questions at the beginning of this column, who were you thinking of for the new college president, the new CEO or the major speakers for the next chiropractic meeting? If you automatically thought of chiropractors you need to make that mental adjustment I was talking about. If you were at least equally open to non-chiropractors you are on the right track to helping your profession reach its full potential.

Forgive my outspokenness. In Hans Christian Anderson's tale it took a small boy to tell the emperor he had no clothes on. All the courtiers were too wrapped up in court politics and too nervous about their reputations. Please forgive the boy, listen to him at least as much as the courtiers, and be prepared to dress for success. To be or not to be leading the manipulative arts is the question. The mainstream would and huge growth awaits the chiropractic profession if it can step through the door. Others will devour your rightful place and market share if you don't.

References

1 Patterson MM. Somatic Dysfunction in Osteopathic Medicine, in The Role of Subluxation in Chiropractic, edited by Rosner AL, 1997, Foundation for Chiropractic Education and Research, Arlington, VA.

2 The Future of Chiropractic: Optimizing Health Gains, 1998, Institute for Alternative Futures, Alexandria, VA, unpublished monograph.

Douglas M Brown DC, FICC
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Chiropractic College

CHIROPRACTIC IN CANADA: ILLICIT TO ELITE IN THE FIRST CENTURY

In 1897 the Palmers began teaching their new healing art to students at their School in Davenport, Iowa[1] and shortly afterward, graduates began drifting across the country.

The first documented chiropractor in Ontario arrived in 1902.[2] Despite protestations by organized medicine the profession began to grow in numbers and public acceptance. By 1931 there were 542 Canadian chiropractors, 2,264 in 1980,[3] 4,472 in 1996 and that figure is expected to double again by 2006.[4] In 1950 only 0.9% of Canadians consulted chiropractors.[5] By 1991 this had increased ten fold to 9%,[6] while a 1998 Angus Reid poll found 15% of Canadians utilizing chiropractic care.[7]

Alberta was the first province to pass legislation governing the practice of chiropractic in 1923 while Newfoundland was the last in 1992, leaving the Northwest Territories as the only jurisdiction in Canada without legislation.[8] In 1937 chiropractic services were included under the Ontario Worker's Compensation Act followed by Alberta, Saskatchewan, Manitoba, British Columbia, New Brunswick, and lastly, Prince Edward Island in 1969.[9] In 1966 the Canadian Federal Government amended the Medical Care Act to allow for funding of paramedical services.[10] Since 1970, Ontario, Alberta, British Columbia, Manitoba and Saskatchewan have provided partial coverage for chiropractic care under their provincial insurance plans.

At the same time, our standards of education, once roundly criticized in the Hodgins Report,[11] have dramatically improved. In 1945 the Canadian Memorial Chiropractic College (CMCC) opened its doors in Toronto, Ontario. Then, admission requirements were grade XII high school. Since 1957 the prerequisites have slowly improved and by 1994 included three years of university training.[12] CMCC began investigating the feasibility of accreditation in 1976,[13] was granted Accredited Status by the Council on Chiropractic Education (Canada) Inc., in 1986[14] and maintains that level today. Although the

Canadian chiropractic profession has been interested in university affiliation since 1958[15] it wasn't until 1998 that President Moss could announce, "... the Senate at York University voted to approve, in principle, the establishment of a Doctor of Chiropractic degree, in cooperation with CMCC.[16] Meanwhile, a doctorate program in chiropractic at l'Université du Québec à Trois Rivières commenced in 1993, the first graduates of its five year program entering the field in 1998.

So here we are, on the cusp of the third millennium, having survived medical persecution, achieved a measure of public and inter-professional acceptance, our rights as primary contact practitioners enshrined in legislation, our methods and results scrutinized in peer-reviewed journals and our two colleges bursting with students. Unfortunately we have lost something on our journey from illicit to élite. That something is our relationship with the group of patients who helped us to achieve our present status, the blue collar workers of Canada.

Biggs has noted that, "Studies conducted in the late 1950s and early 1960s indicate that chiropractic patients were drawn from the lower middle income groups."[17] That early profile has been altered. Coulter found from a 1977 study "... a patient population that closely resembles the population at large."[18] Aker et al. concluded from a 1990 Ontario Health Survey that, "Chiropractic patients tend to have higher levels of education ... and are mid to upper income earners.[19] These figures are corroborated by a 1991 Canadian General Social Survey which showed a majority of those contacting chiropractors in the mid to upper income brackets.[20] This is disturbing when we consider that traditionally, besides being our major source of patients, it was the working class that supported our struggle for government legislation and inclusion under worker's compensation and medicare. For example, when the Ontario Drugless Practitioners Act was passed in 1925, it was accomplished through vigorous lobbying by the profession with strong public support, particularly by the labour unions and the United Farmers of Ontario.[21]

Recently released data show that federal and provincial cutbacks have had a dramatic impact on the quality of life for the urban poor. Incomes for families on welfare dropped 18% while the incomes of the wealthiest families rose 7%.[22] Another factor affecting their well-being is the reluctance of provincial governments to properly fund chiropractic care under their medicare plans. In Ontario, chiropractic benefits have not increased since July 1, 1989, when fees were increased a paltry 40 cents for subsequent visits. In addition, from 1995 through 1997 there were clawbacks which fluctuated between 5% and 13%. Then, on February 12, 1999, the Ontario Ministry of Health made the stunning announcement of an immediate reduction in per patient coverage of chiropractic services from $220 to $150 a year, retroactive to April 1, 1998.[23] Similar cutbacks have occurred in British Columbia, Alberta, Saskatchewan and Manitoba, causing the profession to substantially increase its surcharge to the public. In 1994 this averaged about $15 a visit in Ontario.[24] Reduced coverage and increased fees are hardest on those with lower incomes. We are in danger of losing not only the support of this important group of patients but our ability to fulfill their needs for spinal care.

Another area of concern is the configuration of our student bodies, particularly CMCC's. Biggs discovered that in 1950s and 1960s "... the average chiropractic student was older, had a high school diploma and was from the working and lower middle classes.[25] In 1980 Kelner et al. reported that, "The typical chiropractic student is twenty-three years of age ... comes from a middle-class family ... and ... has previously attended university.[26] Between 1945 and 1956 tuition at CMCC was $150 per semester or $250 if a whole year was paid in advance. By 1957 when entrance requirements began to increase, basic fees were $1,200, in 1994, when three years of university training became a prerequisite, they were $8,043, and for 1999-2000 they are $12,314.[27] Costs are soaring because there has never been any federal or provincial funding for CMCC's programs or facilities. A recent article in The Toronto Star decries the fact that the average Canadian student loan now stands at $20,000.[28] CMCC graduates suffer from over twice that debt with loans between $45,000 and $50,000. Opportunities for students from working class homes to enrol and graduate from CMCC have almost disappeared. Regrettably, the make-up of our students, like that of our patients, has been drastically altered.

What can we do to alleviate this discriminatory situation? I used to hope that university affiliation would help to lower costs for CMCC's students as it has at Trois Rivières where tuition is presently about $3,000 a year. Deregulation of university fees has dashed those hopes. First year medical students at the University of Western Ontario now

pay an annual tuition of $10,000 and expect to graduate with debts of $100,000.[29] However, we still have the power to lessen the impact of inadequate chiropractic coverage on the 20% of Canadians at the bottom of the economic scale. Chiropractors in Ontario have begun the process by reducing fees for seniors, children, students, the needy and, when OHIP coverage has expired. While a 1994 survey shows the majority of chiropractors participating in this process, it doesn't reveal the amount of these reductions and thereby, their effectiveness.[30] The Eastern Ontario Chiropractic Society helps to fund the Carlington Chiropractic Clinic which is part of the Carlington Community Health Centre. It caters to those unable to afford chiropractic care and is managed by Society members on a volunteer basis.[31] CMCC also assists the financially and socially disadvantaged through five outreach clinics where there is no surcharge. These are located at the St. Michael's Hospital Wellesley-Central Site to assist patients in the HIV/AIDS program, the Anishnawabe Health Toronto Clinic for people of aboriginal origin, the Muki Baum Centres for dually diagnosed children and adults, the St. John's Rehabilitation Hospital for multi disciplinary health care and the South Riverdale Community Health Centre.[32]

In my opinion, the organization best suited to address this national problem is the Canadian Chiropractic Association. First it could establish a registry of chiropractors willing to waive the surcharge for patients in need and then persuade its provincial divisions to make this issue a political priority. Instead of constantly berating the government for overall fee increases for their members, which is seen as self-serving, the provinces might get better results by lobbying on behalf of the underprivileged, requesting more accessible and affordable chiropractic care.

It has been said that a society is not judged by how well it treats the affluent, but by how much it helps the poor. Historically, the Canadian chiropractic profession has empathized with and benefitted from the patronage of the so-called "lower classes." A major challenge facing us in the twenty-first century is to seize our heritage and rededicate ourselves to the noble task of serving the common man.

References

1 Keating JC. B.J. of Davenport: The early years of chiropractic. Davenport: Association for the History of Chiropractic; 1997: 14.
2 Biggs CL. No bones about chiropractic? The quest for legitimacy by the Ontario Chiropractic Association 1985 to 1995. 1989: 130.
3 Ibid., 26–7.
4 Chiropractic Business. Toronto: Berkeley Communications Inc., Winter 1999: 28.
5 Biggs CL. No bones about chiropractic? 1989: 29.
6 Health Status of Canadians: Statistics Canada Cat. 11-612E, Nº 8: Tables 7-1 and 7-3.
7 Bégin D. The survey says ... little do they know. Chiropractic Business, Winter 1999: 15–16.
8 Sutherland DC. The development of chiropractic in the Canadian health care system. JCCA 1993; 37(3):165, 174.
9 Biggs CL. No bones about chiropractic? 1989: 56.
10 Medical Care Act, R.S.C. 1996–7, C. 25, s. 45.
11 Ontario, committee on medical education report (OCMER), Hodgins FE. 1918.
12 CMCC course calendars.
13 Brown DM. The path to full accreditation: CMCC and its Governors, 1945-86. Chiropractic History 1987; 7(1):17–21.
14 Resolution by the Commission on Accreditation of CCE (Canada), November 22, 1986.
15 Brown DM. CMCC's persistent pursuit of university affiliation: Part I. JCCA 1992; 36(1):33–37.
16 Moss JA. CMCC Primary Contact. Summer 1998: 2.
17 Biggs CL. No bones about chiropractic? 1989: 30.
18 Coulter ID. The chiropractic role: marginal, supplemental or alternative health care? 1986: 392–395.
19 Aker P., Mior S., Hagino C. Utilization of chiropractic services in Ontario, Canada. Proceedings World Federation of Chiropractic Conference, London: May 1993. London: WFC, 1993: 23.
20 Health status of Canadians: Statistics Canada Cat. 11-612E, Nº 8: Tables 7-1 and 7-3.
21 Biggs CL. No bones about chiropractic? 1989: 160–161.
22 The Toronto Star, May 19, 1999: A24.
23 Ontario Ministry of Health Bulletin 6070, February 21, 1999.
24 OCA: Results of survey of 1994, November 1995: 6.
25 Biggs CL. No bones about chiropractic? 1989: 28.
26 Kelner M., Hall O., Coulter I. Chiropractors, do they help? Toronto: Fitzhenry & Whiteside,1980: 43.
27 CMCC course calendars.
28 The Toronto Star, May 28, 1999: E2.
29 The Toronto Star, June 25, 1999: A25.
30 OCA: Results of survey of 1994, November 1995: 6–7.
31 OCA Announcements, June 1999: 4.
32 CMCC course calendar 1998/1999 on the web, educational facilities: 1–2.

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I am not a chiropractor. I am a lawyer. That may sound like a confession or a plea for help – or worse still – a plea for mercy. In any event, I mention it from the outset so that you will understand from whence I come.

Before I comment on my personal reflections of matters involving the profession, I should inform you very briefly "a legal oximoron" of my background.

I had just graduated from law school, and was finishing my articles, when I was introduced to chiropractic and the Canadian Memorial Chiropractic College. I was a patient at the College Clinic. (I really did need care – even though I had enjoyed a number of years of valium dependancy!) After being treated by an intern (who at this time shall go nameless) I received my first upper cervical adjustment from Dr. Bob Kilgannon. It was quite an experience. The adjustment and treatment lead me to discussions about lawsuits and a meeting with Dr. Herb Vear and then Alfred Rozieu. I was asked to consider teaching "jurisprudence" which for the life of me I couldn't understand since the term "jurisprudence" represents the study of law. After spending countless evenings preparing irrelevant lectures, I was finally given a course syllabus which required the teaching of risk management.

Out of shear terror I prepared the material and gave my first lecture at CMCC in September, 1976 to a group of students including Howard Vernon, John Mrozek, Bob Haig, Roberta Koch, etc. etc. It was to be a one or two year engagement. So much for a part time job!

The years have been interesting. I have watched with amusement, trepidation, regret, anguish, and a thousand other emotions at the evolvement of the profession and the College in the years since 1976. My experiences read like a thesaurus!

I wish I could say that all of the adventures were positive. There have been good times and there have been bad times. Notwithstanding what chiropractors may believe – the internal fights exist in all professions. The differences of opinion can sometimes be destructive. Over the decades, I have in some cases been able to predict the consequences of some events and my track record was pretty high.

If I was to comment on the problems which will continue to face the profession, I would suggest that the two major issues which exist within Canada which will affect the chiropractic profession in the next millennium are the inability of the profession to speak with a strong unified voice, and a lack of commitment in membership to CMCC.

In the former situation, the profession appears to be unable to grasp hold of its own "raison d'etre". The ability of a profession to exist with a number of different approaches to its relationship with patients, chiropractic takes on a whole new dimension when its membership becomes so devisive in its inability to present a unified voice in the most basic tenements of practice, whether this involves issues of informed consent or immunization. The profession must be able to deal with the defensibility of its approaches to chiropractic care so that patients and those on the outside looking in do not confuse the lack of cohesiveness as a lack of professionalism.

In the latter case, the most unifying force within the profession for years was CMCC. It did not matter what school a doctor graduated from. CMCC was the place to which consumer groups, federal and provincial governments, and outside organizations such as the New Zealand Commission came to review chiropractic within Canada. Without the College, the profession may have gone the way of the osteopath within Canada. The debates will never be over, and those outside of the profession will continue to look to CMCC as the basis for determining the legitimacy of the profession – whether it involves basic education, research or publication. No matter what the philosophy of a chiropractor may be and no matter where he or she may have graduated, they had better ensure themselves that CMCC continues as a strong educational institution with strong leadership to ensure that the detractors are unable to present a message based solely on a lack of full disclosure and the inability of the profession, through CMCC, to be able to defend itself.

Given the chance, I am not going to overlook the distinctive opportunity of making a positive reflection on my

years on the "edge" and being in the "eye" of the profession. The Canadian chiropractic profession has had more than its share of individuals who have been leaders, beacons and defenders of the profession with whom I have had the distinct privilege and honour of being involved with over the years. In addition, I have had the privilege of teaching 23 graduating classes with an average of 150 students per year. The mathematics staggers me every time I realize the enormous opportunity which was given to me to influence the education of future chiropractors.

Finally, I had recently been told by a student that the "adjustment" is what makes chiropractors so unique. I told the student, and I will repeat my answer. Don't believe it. To a layperson, what makes chiropractors unique is who chiropractors are and how they carry out what they know. There is not a chiropractor that I have met who does not appear to share a view that the patient's well being is the most crucial aspect of his or her practice. Long before it became the thing to do in health care, chiropractors took the time and effort to care about the patient as a "whole". Dedication oozes from chiropractors. There is an aura which eminates from most chiropractors which gives confidence to a patient and presents the message that "I am here to help you in any way possible." That is what makes a chiropractor unique!

The chiropractic profession in Canada owes me nothing. I have had a great time and made good friends and fought interesting battles. I have yet to undergo the "attitude adjustment" which has so often be recommended as a treatment. I look forward to continuing in the "eye of the hurricane" and to enjoy the trials and tribulations of the next millennium.

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A CHANGE IN TIMES, A CHANGE IN HABIT

Among Stephen Covey's many titles is the million selling "The Seven Habits of Highly Effective People." In a recent interview he was asked "... which habit do you think is the most effective?" He responded "If you were to really push me, I would say it is Habit 2, begin with the end in mind." As we approach the new millennium, this would be a good place to begin as we consider the future of chiropractic.

Consider your answer to the following: what is subluxation; how is it treated; what is chiropractic? Now consider this: is there anything we think, say, or do that cannot be done as well by someone else? Chiropractors currently spend more time studying the mechanics of the spine and developing manual skills. We better understand the importance of communicating with our patients. This can change. Others are currently establishing standards for training and expertise in the delivery of manipulation. You may declare that manipulation is not the same as adjustment and will never replace what chiropractors do. Know this: there is nothing we do that others cannot learn to do. Even the philosophy that interference with nerve function can limit health potential can be adopted by others. Here's a dose of reality: subluxation (whatever that may mean) is indiscriminate. It doesn't care what you call it or who treats it. Staking our future on untouchable philosophies is a formula for disaster. Our best hope is to examine the marketplace and identify the areas of greatest need. This will be a monumental task because we love to dwell in the past.

We revisit past glories and reminisce, "back then, chiropractic was true and pure." Accountability and proof of cost effectiveness were not our concern. No other health care profession was interested in treating the spine. The lie of the land has changed and I fear we may miss the opportunities presented by this shift. Indicative of the change, at a CCA meeting Dr. Paul Shekelle of the RAND Corporation stated "it is interesting watching other health

care providers jumping on a train that just a few years ago they thought was going the wrong way." Chiropractic was second best in the minds of the establishment and the public, so we tried harder. We did the research and proved that chiropractic care was the most effective means of dealing with low back pain. These studies, while not a total endorsement of chiropractic, provided credentials, something to back up the claims we had boldly been making.

This is not important because the medical profession will welcome us with open arms. It is vital because it substantiates chiropractic cost-effectiveness. The timing is perfect. Just when those who pay for health care (governments, insurers, workers compensation agencies and patients) are starting to ask questions about what they are getting for their money, we produce solid evidence that we can deal effectively with a common and costly health problem. Why are we afraid to admit this? While we quibble about whether chiropractic is more or less, others are hitting home runs with our ball.

Others claim they are better qualified than us to treat spines. They are better connected to the medical establishment and this gives them better access to diagnostic imaging, lab facilities and a roster of specialists who have so far refused to work with us. We wring our hands with concern about actually telling people "we do low back pain." It seems we fear being pigeon-holed as back pain only doctors. I won't attempt to explain the obvious: that while chiropractic care is much more, we can't help those who don't walk through our doors; that more than seven million Canadians are experiencing low back pain at any one time; that we can help these people. I will suggest that unless we can drive a stake into this quickly shifting territory, our future is definitely not guaranteed.

What part chiropractic plays in the future landscape of health care is up to us. We have all the necessary tools to define our "end in mind". I urge every Canadian chiropractor to take advantage of the time and changes we face. Rather than risk losing our place in line with a strategy that hasn't worked during the past 100 years, let's finally establish our beach head and expand chiropractic from a position of strength. Rather than promise our patients miracles, let's offer them hope; the hope that we will be here during the next 20 years to make a significant positive contribution to their lives.

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A FEW COMMENTS ON SCOPE AND STANDARDS OF PRACTICE

Don't attempt to maintain self respect by maintaining self deception. Chiropractic facts must not be buried by the embellishment of philosophy. Joseph Janse DC

As we prepare to enter the 21st century I believe that the above remark by Joseph Janse, at a CMCC convocation in the early 1970's, is more appropriate today then when he first made the statement and will form justification for my response to the following questions.

Question 1
When did you first become aware of a widespread reluctance to discuss and teach the visceral and systemic aspects of clinical chiropractic in North America colleges, and what do you think prompted this reluctance?

First, I want to clarify what I interpret "the visceral and systemic aspects of chiropractic" to mean. Historically, (circa 1910–40?) chiropractic practitioners not only accepted patients, but also the medical diagnosis the patient brought to the chiropractor. Chiropractic clinical education was minimal during this time and the average chiropractor's diagnostic skills limited, such that if a patient with a medical diagnosis of heart disease, for example, recovered under chiropractic care then the chiropractor "cured" heart disease. An example of 'post hoc,

ergo propter hoc' which means 'after this, therefore because of this'. In this manner, chiropractors came to believe that they could treat most diseases but did not equate this clinical event as being anecdotal, based on a false medical diagnosis or possibly a placebo.

I would like to clarify a term, that has been used widely in the chiropractic literature since 1972, **neurophysiological effects**, which denotes **a functional or aberrant disturbance** of the peripheral or autonomic nervous systems. It designates nonspecific clinical and physiological responses related to:

1 Motor and sensory functions of the peripheral nervous system
2 Vasomotor activity, secretomotor activity, and motor activity of smooth muscle initiated by the autonomic nervous system.
3 Trophic activity of both the peripheral and autonomic nervous system.

It is necessary to differentially diagnose the clinical findings of the neurophysiological effects of spinal subluxation from the clinical findings of pathological changes in an organ or system. This can be a difficult and challenging intellectual exercise for even the most astute clinician, since spinal lesions can mimic pathological changes as well as a functional or aberrant disturbance since the same nerve pathways are being used for each clinical problem. However, it is the analysis and interpretation of the other clinical findings which help to establish a clinical impression.

The first indication of a professional debate to promote a visceral-somatic-systemic hypothesis was in the build up to the NINCDS Conference, February 1975. For the very first time, the chiropractic profession was being asked to address, at a scientific forum, the fundamental question, what is the theory and scope of chiropractic clinical efficacy? At two planning workshops in 1974, at CMCC, to plan for the NINCDS Conference, it was apparent that we had considerable empirical evidence, but little if any scientific evidence. Regardless, the presenters did a Herculean job of presenting a valid rationale for chiropractic clinical care, which was aided by the osteopath's defense of the osteopathic lesion. The consensus, from the NINCDS Conference proceedings, was that we did not scientifically prove our subluxation hypothesis (or the osteopaths their lesion hypothesis) but neither did the scientific presentations null either hypothesis.

The year 1975 was a high water mark for the profession, beyond the NINCDS Conference, which deserves mention. The Council on Chiropractic Education (CCE) received its accreditation authority and educational mandate from the U.S. Office of Education in 1975, and from a Federal Charter for the Canadian Council on Chiropractic Education (CCE - C) in 1978. The requirement for accountable educational programs, particularly standards for how the principles of scientific research protocols and clinical science were to be taught became fact, along with a mandate for college research responsibilities and faculty upgrading. The establishment of the first peer reviewed chiropractic journal, the Journal for Manipulative and Physiological Therapeutics (JMPT) in 1978, encouraged other journals to follow the same convention, including the JCCA.

Following the NINCDS conference there was a reduced emphasis on visceral clinical problems and an increased focus on pain syndromes, particularly of the lumbar-pelvic area by the chiropractic research community. Literally, we were "throwing the baby out with the bath water" in our quest for research grants for which pain syndromes may be easier to study and document. However, it would be wrong to say that all colleges and all chiropractic educators followed this change. Research programs relied more and more on Ph.D. investigators who brought a fresh vision to our colleges and more success in securing research grants. Chiropractic research continues in much the same direction today, however, a change is taking place with a renewal of interest in visceral-somatic research. The reason for this change may repose with the number of chiropractors who went on to biological science Ph.D. programs and direct most college research departments.

Question 2
In what ways do you think the profession may have been helped or harmed by "putting autonomics in the research closet?"

The first casualty of this transgression has been chiropractic students and graduates since 1980, and a loss of traditional chiropractic identity for many others. The real question to ask is: "what is the clinical outcome difference for treatment of musculoskeletal pain syndromes between chiropractic care and the manipulative care from other

spinal manipulators, e.g., physiatrists, physiotherapists, osteopaths, manipulating MD's etc.?" If outcomes are not significantly different, why are we doing this to ourselves by narrowing the scope and focus of practice?

It has been my observation and experience, that the change to biomechanical practices has resulted in a decline in the adjustive skills of the graduates of the last decade. This is due partly to the fear syndrome of doing harm and the heavy legal consequences if harm is done. Low force adjusting appears to be the current norm and one possible reason for adjuncts such as the activator. I believe that the public is the loser and that chiropractic clinical care has been compromised by narrowing the nature and scope of practice to a singular biomechanical theme.

Question 3
What should be the profession's top research priority during the next 5–10 years?

Since my experience has been practice and education, I would want to place more emphasis on what the chiropractor does in practice and not what is prescribed for practice by caveat. However, I want that research to focus on the entire scope of practice, as stated in the following paragraphs, with the key words underlined and in bold type

Statement on Scope of Practice
for Chiropractic Education

1 Core chiropractic in his context means: Any professional service usually performed by a chiropractor, the aim of which is to restore and maintain health, and includes:
- I The diagnostics, treatment and prophylaxis of **functional disturbances**, **pathomechanical states**, **pain syndromes**, and **neurophysiological effects**, related to the **statics and dynamics** of the **locomotor system**, more particularly the **spine and pelvis**.
- II The **treatment** thereof by **adjustment and/or manipulation** of the **spine and other anatomical structures.**
- III **Counseling:** the realization that **emotional, sociological and environmental stresses** are a significant cause of nerve interference in the whole person.
- IV The use of **x-ray for diagnostic purposes**.

2 Physiological Therapeutics: use of supportive measures including **heliotherapy, thermotherapy, hydrotherapy, electrotherapy, and mechanotherapy** as required.

3 Nutrition: The combination of processes by which the living organism receives and utilizes the materials necessary for the maintenance of its functions and for the growth and renewal of its components.

Question 4
What should be the profession's top priority in patient and public education?

First, the profession must reach consensuses on i) a definition of chiropractic practice ii) a statement on the scope of practice for chiropractic. iii) acceptance of chiropractic quality assurance documents such as the Mercy Conference (USA) and/or the Glenerin Conference (Canada) and the accountability to keep the documents current.

Second, a study of the public's perception of what constitutes chiropractic health care is important. Those who do the study must "educate" the chiropractic politicians as to what the public knows about chiropractic, and what the profession must do to affect that opinion.

Third, a parallel study of active chiropractic patients perceptions must be done, with their response sealed and anonymous without screening by the attending chiropractor. The patient population must be broad based in age, education and health problems.

Until some or all of the above is completed, I fail to see how the profession can change public opinion, not to mention legislators, business leaders, union leaders, and other vested interests. There is no "magic bullet" for what you are asking.

Conclusion
As Yogi Berra so eloquently said many years ago, "It is deja vu all over again." I wish it wasn't true about my beloved profession, but we have traveled the same road of philosophy, scope, standards, politics, egos, education, etc., over and over again since 1895.