

## Commentary

# Chiropractic specialties in Canada: realizing the full potential of advanced practice: a commentary

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*Chiropractic specialization in Canada has evolved into a nationally coordinated, competency-based framework guided by the Federation of Canadian Chiropractic (FCC) and regulated through the Competency Profile for Chiropractic Specialists in Canada (2023) and emerging accreditation standards. Although specialists represent only 3% of Canadian chiropractors, they contribute disproportionately to education, research, and professional leadership. A 2025 survey on the value proposition of chiropractic specialty confirmed broad consensus that specialization enhances professional*

*Spécialités en chiropratique au Canada: réaliser tout le potentiel de la pratique avancée : un commentaire*

*La spécialisation en chiropratique au Canada a évolué vers un cadre national coordonné, fondé sur les compétences, guidé par la Fédération chiropratique canadienne (FCC) et encadré par le Profil de compétences pour les spécialistes en chiropratique au Canada (2023) ainsi que par les normes d'accréditation en développement. Bien que les spécialistes ne représentent que 3 % des chiropraticiens canadiens, leur contribution à la formation, à la recherche et au leadership professionnel est disproportionnée. Une enquête nationale menée en 2025 sur la proposition de valeur des spécialités en chiropratique a confirmé un large consensus selon lequel la spécialisation améliore la qualité professionnelle et la protection du public, mais a également révélé des obstacles persistants, notamment une reconnaissance provinciale inégale, une*

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*quality and public protection, yet revealed persistent barriers including inconsistent provincial recognition, limited visibility, and uneven geographic access. Framed within an advanced-practice paradigm, this commentary proposes three strategic priorities—harmonized recognition across provinces, equitable access through innovation, and enhanced visibility and evidence—to position chiropractic specialists as valued contributors to Canada’s healthcare system. Implementation will strengthen quality assurance, expand interprofessional collaboration, and advance evidence-informed neuromusculoskeletal care.*

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*visibilité limitée et un accès géographique disparate. Inscrit dans un paradigme de pratique avancée, ce commentaire propose trois priorités stratégiques — une reconnaissance harmonisée entre les provinces, un accès équitable par l’innovation, et une visibilité et des données probantes renforcées — afin de positionner les spécialistes en chiropratique comme des contributeurs de valeur au système de santé canadien. La mise en œuvre de ces priorités renforcera l’assurance qualité, élargira la collaboration interprofessionnelle et fera progresser les soins neuromusculosquelettiques éclairés par les données probantes.*

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MOTS CLÉS : chiropratique, formation, politique de santé, relations interprofessionnelles, études supérieures, professionnel, compétence professionnelle, champ d’activité

## Introduction

The development of chiropractic specialties in Canada reflects a sustained effort to strengthen the profession’s academic foundation and clinical expertise. In 1973, the Ontario Council of Health recommended that chiropractic graduates who aspired to academic or leadership positions undertake additional postgraduate study or research training to prepare as future educators and investigators.<sup>1</sup> Under the auspices of the Canadian Chiropractic Association (CCA), this guidance led to the creation of the first specialty colleges and full-time residency programs at the Canadian Memorial Chiropractic College (CMCC).<sup>2</sup> These early initiatives established a tradition of scholarship and interprofessional collaboration that continues to define chiropractic specialization in Canada.<sup>2,3</sup>

By the mid-1990s, administrative responsibility for specialty oversight was transferred from the CCA to the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB), later renamed the Federation of Canadian Chiropractic (FCC). Through its Specialty Colleges Council (SCC), the FCC established a coordinated governance structure that uni-

fied the specialty colleges and linked their activities to national regulatory and educational objectives.

Over the past decade, this model has evolved into a competency-based and quality-assured system. Anchored by the *Competency Profile for Chiropractic Specialists in Canada*,<sup>4</sup> the *SCC Policies for Chiropractic Specialty Colleges*,<sup>5</sup> and the forthcoming *Council on Chiropractic Education Canada (CCEC) Accreditation Standards for Graduate Specialty Programs*, it now provides clear national expectations for specialist education, recognition, and accountability across jurisdictions.<sup>4</sup>

Despite these advances, integration of chiropractic specialization remains limited within the profession and across the wider healthcare system. A 2025 survey on the value proposition of chiropractic specialty confirmed widespread agreement among regulators, specialists, and chiropractors that specialization enhances quality and public protection, yet it also revealed persistent barriers related to recognition, access, and visibility.<sup>6</sup> This commentary interprets these findings within the broader policy and educational landscape, outlining strategic directions to achieve harmonized recognition, equitable

access, and greater visibility—key steps toward realizing the full potential of chiropractic specialization as an advanced-practice model within Canadian healthcare.

### Evolution and framework

Chiropractic specialization in Canada originated in the 1970s with the establishment of the first full-time residency programs at the Canadian Memorial Chiropractic College (CMCC).<sup>1,2</sup> These programs were designed to prepare chiropractors to become educators, researchers and clinicians capable of managing complex neuromusculoskeletal conditions.<sup>1,3</sup> Developed in collaboration with hospital and academic partners, they introduced structured postgraduate education and interdisciplinary rotations – concepts that anticipated today’s evidence-based and collaborative models of advanced practice.<sup>2,4</sup>

The initial specialty colleges—the *College of Chiropractic Sciences (Canada)* and the *College of Chiropractic Roentgenology*—were soon joined by additional colleges in Sports Sciences, Orthopaedics, and Rehabilitation. From the outset, these colleges combined three defining functions: clinical expertise, academic scholarship, and professional leadership. This multidimensional approach established chiropractic specialization as both an educational and professional mechanism for advancing quality of care and knowledge translation within the profession.<sup>4</sup>

Over time, national coordination and regulatory oversight evolved to strengthen accountability and public pro-

tection. The formation of the *Specialty Colleges Council (SCC)* under the *Federation of Canadian Chiropractic (FCC)* unified all recognized specialty colleges within a single governance structure responsible for policy development, collaboration with regulators, and oversight of specialty recognition. This model provided the organizational foundation for linking specialty education to national competency standards.<sup>5</sup>

During the past decade, three interrelated policy instruments have completed the transition from independent postgraduate programs to a coherent national framework that aligns specialist’ competencies, specialty colleges recognition and educational program accreditation.

- the *Competency Profile for Chiropractic Specialists in Canada*,<sup>4</sup> developed by the *Council on Chiropractic Education Canada (CCEC)*, which defines specialist competencies using the CanMEDS model (summarized in Table 1);
- the *SCC Policies for Chiropractic Specialty Colleges*,<sup>5</sup> which articulate transparent criteria for recognition, governance, and accountability (summarized in Table 2); and
- the forthcoming *CCEC Accreditation Standards for Graduate Specialty Educational Programs* (anticipated 2026), which will establish national benchmarks for curriculum design, faculty qualifications, and outcome evaluation.

Table 1.  
*Competency framework for chiropractic specialists in Canada*

Role	Key competencies (summary of role description)
1. Neuromusculoskeletal (NMS) Expert	Advances expertise in clinical assessment, diagnosis, and management in the provision of patient-centred care; develops and evaluates evidence-based specialist strategies; performs and appraises specialty-specific procedures; and provides expert consultation or opinion, including advice to third-party organizations and legal testimony.
2. Communicator	Establishes and maintains effective, respectful, and compassionate communication with patients, families, and other professionals; integrates listening, documentation, and digital communication to facilitate shared decision-making and continuity of care.
3. Collaborator	Works effectively with colleagues and health-care teams to optimize patient outcomes; promotes mutual understanding, resolves conflict, ensures safe transitions of care, and supports interdisciplinary and intraprofessional collaboration.
4. Health Advocate	Recognizes and responds to factors influencing health; supports patients in navigating the health system; advocates for access to high-quality, evidence-based chiropractic and interprofessional services at the individual and system levels.

Role	Key competencies (summary of role description)
5. Scholar	Demonstrates commitment to continuous learning and to the creation, application, and dissemination of new knowledge; teaches and mentors others; and integrates evidence into specialist practice and research.
6. Professional	Upholds ethical standards, accountability, and professional integrity; engages in self-regulation, quality improvement, and reflective practice; demonstrates compassion, respect, and cultural safety in all interactions.
7. Leader	Contributes to the improvement of health-care systems through leadership, quality enhancement, and resource stewardship; manages practice responsibilities, mentors colleagues, and supports effective system function.

Note: The Competency Profile delineates key and enabling competencies under each role. The summary above reproduces the key intent of each domain while maintaining the seven official role headings. For detailed wording and performance indicators, refer to the Competency Profile for Chiropractic Specialists in Canada (FCC/CCEC, 2023), pp. 3–7.<sup>4</sup>

Table 2.  
*Recognition criteria for chiropractic specialty colleges*

Criterion	Overview (condensed summary)
1. Need and Relevance	The proposed specialty must demonstrate a clearly defined need within chiropractic and the broader health system, showing potential to improve public protection, patient outcomes, and access to specialized services [Sec 3.1].
2. Distinct Body of Knowledge and Specialist Practice	The specialty must articulate a distinct, evidence-based domain of expertise—encompassing knowledge, skills, and clinical approaches that extend beyond entry-to-practice chiropractic and complement existing specialties [Sec 3.2].
3. Educational Standards and Clinical Competencies	The sponsoring college must establish postgraduate educational programs aligned with the Competency Profile for Chiropractic Specialists in Canada (2023), integrating evidence-based learning and comprehensive assessment of specialist competencies [Sec 3.3].
4. Examination and Certification	A certifying process must exist, supported by valid, reliable examinations that assess specialty competencies and include mechanisms for maintaining certification through continuing education and currency [Sec 3.4].
5. Research and Evidence	The specialty must contribute to the advancement of scientific knowledge by generating, applying, and disseminating evidence that informs specialty-level practice and improves patient care [Sec 3.5].
6. Public Safety	Policies and practices must uphold regulatory and ethical standards, incorporate quality-assurance measures, and demonstrate explicit mechanisms to protect the public [Sec 3.6].
7. Organizational Stability	The sponsoring body must have transparent governance, financial sustainability, and administrative capacity to deliver its mandate, support Fellows, and ensure ongoing compliance with FCC and SCC oversight [Sec 3.7].

(Adapted from the Federation of Canadian Chiropractic, Policies for Chiropractic Specialty Colleges, approved Nov 2024. For detailed requirements, refer to Sections 3.1–3.7 of the policy document.)<sup>5</sup>

Together, these instruments consolidate chiropractic specialization into a competency-based, quality-assured framework that integrates regulation, education and public accountability. This structure positions chiropractic specialists as practitioners of *advanced practice*; clinicians who combine expert-level knowledge, research literacy,

and interprofessional collaboration to improve access, quality, and safety in neuromusculoskeletal health care.

*The 2025 survey on specialty value propositions*  
To assess current perceptions and identify barriers to specialty integration, a cross-sectional survey was con-

ducted with three groups of interest: provincial regulators (n=12), FCC-recognized chiropractic specialists (n=58), and general practice chiropractors from Ontario and Quebec (n=178).<sup>6</sup>

Survey participants were asked to rate their agreement with twelve distinct value propositions for chiropractic specialization, encompassing clinical practice excellence, educational leadership, research contribution, and professional collaboration.<sup>6</sup>

*Key Findings and Professional Consensus:* The survey demonstrated broad consensus that specialization enhances professional quality, public protection, and evidence-based practice standards. Across all respondent groups, the agreement with the value proposition was consistently high (58.5–91.1%).<sup>6</sup> Educational leadership, qualification for expert opinions, and clinical expertise were consistently identified as among the highest-rated value propositions across all stakeholder groups.<sup>6</sup>

*Persistent Barriers Despite Consensus:* However, despite this endorsement of specialization's value, the survey also revealed significant structural and systemic barriers that currently limit the realization of specialty potential<sup>6</sup>:

- **Regulatory Inconsistency:** Inconsistent provincial recognition and legislative frameworks prevent specialists from functioning to their full potential across jurisdictions
- **Geographic Concentration:** Limited access to specialist care outside Ontario, reducing patient access and interprofessional collaboration opportunities in other regions
- **Visibility and Awareness:** Limited recognition and understanding among interprofessional partners, insurers, healthcare administrators, and the general public regarding specialist competencies and roles

These findings underscore both the current maturity and the significant untapped potential of chiropractic specialization in Canada. They provide the empirical foundation supporting the strategic priorities outlined in this commentary.

#### *Contributions and demonstrated value*

Although chiropractic specialists represent only about 3%

of Canada's 9,000 licensed chiropractors, they make a disproportionate contribution to education, research, and clinical advancement. Their collective influence demonstrates how graduate specialty training strengthens professional standards, enhances scholarly productivity, and promotes evidence-informed care across the profession. Their collective achievements exemplify the goals of the Competency Profile for Chiropractic Specialists in Canada and align closely with the twelve value propositions for chiropractic specialists assessed in the 2025 national survey, which confirmed overwhelming agreement that specialization enhances professional quality, scholarship and public protection.<sup>4,7</sup>

#### *Educational leadership and mentorship*

Chiropractic specialists form the academic backbone of chiropractic education in Canada. This foundational role extends far beyond formal teaching; specialists serve as custodians of academic rigor, quality assurance, and evidence-based practice standards within chiropractic curricula.

*Faculty Leadership and Curriculum Development:* At the Canadian Memorial Chiropractic College (CMCC), specialists represent over 50% of all faculty and approximately 80% of teaching-clinic supervisors.<sup>8</sup> Within the Department of Chiropractic at Université du Québec à Trois-Rivières (UQTR), they comprise 46% of full-time faculty.<sup>9</sup> These proportions illustrate how specialist expertise sustains the intellectual and clinical capacity of chiropractic education nationwide.

Specialists' participation in curriculum design ensures that educational frameworks reflect current evidence and evolving clinical practice. By serving on examination committees and competency assessment boards, they establish and maintain rigorous standards for knowledge validation across cohorts. This ongoing quality assurance strengthens the profession's credibility both internally and with external healthcare partners.

*Mentorship and Scholarly Socialization:* Through classroom teaching, clinical supervision, and research mentorship, specialists embed the values of critical inquiry, scholarship, and interprofessional collaboration within the learning environment.<sup>10</sup> This mentorship function is particularly important: it does not merely transfer know-

ledge but actively shapes the professional identity and values of incoming practitioners.<sup>11</sup>

Survey respondents consistently linked these roles to several key value propositions, emphasizing advanced graduate education, evidence-based practice, and professional leadership.<sup>6</sup> By modeling rigorous critical thinking and collaborative problem-solving, specialists cultivate a culture of accountability and interprofessional competence that resonates throughout each new generation of chiropractors entering the profession.

### *Research leadership and scientific innovation*

The research contributions of chiropractic specialists far exceed their proportional representation within the profession. Analysis of CCRF funding from 2019-2024 reveals that specialists led or co-led approximately 24.5% of funded projects, despite representing only 3% of practicing chiropractors.<sup>12</sup> This remarkable concentration of research leadership demonstrates both the advanced research training specialists receive and their ongoing commitment to evidence-based practice development.

The scope of specialist-led research encompasses diverse areas of neuromusculoskeletal health, from fundamental biomechanical studies to clinical intervention trials. These projects frequently involve collaborations with academic institutions, government agencies, and multidisciplinary research teams, illustrating specialists' capacity to function as bridge-builders between chiropractic and broader healthcare communities.<sup>13-15</sup>

Similarly, their scholarly impact is evident in peer-reviewed publications. From 2019-2024, specialists authored or co-authored 48% of the Journal of the Canadian Chiropractic Association (JCCA) articles, with 30% serving as first authors (see Table 3 for analysis of JCCA publications by chiropractic specialist during that period).<sup>16</sup> These publications span systematic reviews, original research, case series, and clinical guidelines, contributing significantly to the evidence base for neuromusculoskeletal care.<sup>16</sup> The quality and scope of these contributions demonstrate how specialists operationalize the CanMEDS scholar role through rigorous investigation and knowledge dissemination.<sup>4,17</sup>

Table 3.  
*Analysis of JCCA publications by chiropractic specialists (2019-2024).*

Category	Metric	n (%)
Overall Coverage (/140)	Total JCCA articles analyzed	140
	Articles with specialist authors	66 (48%)
	Articles with specialist first authors	42 (30%)
	Unique specialists contributing	32
Publication Types (/66)	Original Research	16 (24%)
	Clinical Guidelines	8 (12%)
	Case Reports/Series	24 (36%)
	Other (commentaries, editorials)	18 (27%)
	Research Methodology	Case reports/series
	Qualitative research	12 (18%)
	Systematic reviews	10 (15%)
	Cross-sectional studies	8 (12%)
	Clinical trials	4 (6%)
	Narrative reviews	8 (12%)
	Specialty Areas	Clinical Sciences
Sports Sciences		18 (27%)

Category	Metric	n (%)
	Orthopaedics	2 (4%)
	Radiology	12 (18%)
	Rehabilitation	6 (9%)
Geographic Distribution	Ontario	38 (58%)
	Quebec	12 (18%)
	Alberta	8 (12%)
	British Columbia	6 (9%)
	Other	2 (3%)
Interprofessional Collaboration	Medical specialists	18 (27%)
	Allied health professionals	14 (21%)
	Academic institutions	22 (33%)
	Chiropractic only	32 (48%)
Trend (2019-2024) ;% of the year	2019	22 (41%)
	2020	25 (52%)
	2021	24 (50%)
	2022	26 (50%)
	2023	23 (48%)
	2024	20 (40%)

Data compiled from Journal of the Canadian Chiropractic Association archives (2019-2024), cross-referenced with Fellowship registries from recognized specialty colleges. Percentages reflect proportion of specialist-authored articles (n=66).

Survey participants reinforced this view, identifying research contribution as among the highest-rated value proposition of specialization.<sup>6</sup> The impact extends beyond quantity to encompass groundbreaking contributions that have shaped clinical practice. Specialists have led development of clinical practice guidelines, established diagnostic protocols for complex conditions, and advanced understanding of conservative management approaches for musculoskeletal disorders. Their work has been recognized not only within chiropractic but also in interdisciplinary journals, establishing credibility for conservative care approaches within broader healthcare contexts.<sup>18,19</sup>

#### *Clinical innovation and interprofessional leadership*

Recent JCCA publications illustrate how specialists advance clinical practice through innovative approaches to complex cases. Examples include multi-modal concus-

sion management protocols that integrate chiropractic, medical, and athletic perspectives,<sup>20,21</sup> advanced imaging applications for musculoskeletal conditions,<sup>22</sup> and interprofessional research collaborations that establish new care pathways.<sup>23-28</sup>

These contributions demonstrate specialists' capacity to function as leaders and collaborators within multidisciplinary healthcare settings.<sup>29</sup> Their advanced communication skills and evidence-based approach facilitate seamless integration with other healthcare providers, positioning chiropractic as a valued contributor to patient-centered care.<sup>14,29</sup> The ability to communicate effectively across professional boundaries and translate research findings into practical clinical applications distinguishes specialists as valuable team members in complex healthcare environments.

Specialists have pioneered innovative care delivery models that optimize patient outcomes. Their leadership

in developing interprofessional protocols, particularly in areas such as sports medicine,<sup>30</sup> and primary care<sup>13,14</sup> has established chiropractic as an essential component of comprehensive care teams.

### *Overall contribution*

Taken together, these educational, research, and clinical achievements confirm that chiropractic specialists serve as the profession's academic, scientific, and professional nucleus. Their leadership shapes the competencies of future chiropractors, drives the evidence base for musculoskeletal care, and anchors chiropractic's role within interprofessional collaboration. The recent survey on the value proposition of chiropractic specialty provide empirical support for these contributions, affirming that specialization represents not just a higher level of professional training but a system-wide asset for education, research and patient care.<sup>6</sup>

### *System barriers and evidence gaps*

While chiropractic specialization in Canada has achieved a high level of organizational maturity, several enduring system-level barriers continue to limit its full integration within the healthcare environment. Regulatory inconsistency, geographic concentration, limited visibility and a shortage of comparative clinical studies, restrict the profession's ability to translate advanced competencies into a measurable system impact. Addressing these barriers is essential to realizing the advanced-practice potential.

### *Regulatory inconsistency and recognition gaps*

Although most provinces now recognize the five FCC-endorsed specialties—Chiropractic Sciences, Radiology,

Sports Sciences, Rehabilitation, and Orthopaedics—formal mechanisms remain incomplete or uneven. British Columbia currently lacks legislative provision for specialist registration or title use, and in Québec, despite support from the Ordre des chiropraticiens du Québec, existing legislation still prevents chiropractors from using the title “specialist.” These inconsistencies create public confusion, limit interprovincial mobility and weaken the visibility of advanced credentials.

The Specialty Colleges Council (SCC) and its Specialty Recognition Committee (SRC) now provide the policy tools required to resolve these gaps. Aligning provincial legislation with the *SCC Policies for Chiropractic Specialty Colleges*<sup>5</sup> and the forthcoming *CCEC Accreditation Standards* would harmonize recognition across jurisdictions, strengthen public protection, and establish a coherent national language for specialty designation.

### *Geographic concentration and access inequity*

Access to specialist-level chiropractic care in Canada remains uneven, with the majority of Fellows concentrated in Ontario. This distribution reflects both population density and the historical location of the residency programs at the Canadian Memorial Chiropractic College (CMCC) in Toronto, where specialty training originated and continues to be offered.<sup>2</sup> As summarized in Table 4, nearly two-thirds of all recognized Fellows practise in Ontario, while only a small proportion are located in Western provinces, Québec, the Atlantic provinces, or the northern territories. This imbalance limits access to advanced chiropractic expertise and reduces opportunities for collaboration and referral in most jurisdictions.

Table 4.

### *Geographic distribution of chiropractic specialists in Canada (2025).*

(Data compiled from the Federation of Canadian Chiropractic Specialty Colleges registry, March 2025.)

Region of Canada	Total Number of Specialists	% of National Total
Western Canada	51	21.7 %
Ontario	166	70.6 %
Quebec	9	3.8 %
Atlantic Canada	9	3.8 %
Northern Territories	0	0.0 %
Total (Canada)	235	100.0 %

Note: Totals reflect Canadian-resident specialists (n = 235). The higher FCC registry total (n = 263) includes practitioners based outside Canada or without a listed province.

Expanding graduate specialty education, particularly through institutions such as the Université du Québec à Trois-Rivières (UQTR) and developing regional specialty hubs or virtual consultation networks could mitigate these disparities. Such models would extend advanced-practice expertise nationwide and align with Canada's broader health-system goals of accessibility and equity in health-care.<sup>31</sup>

### *Visibility and interprofessional awareness: a critical gap*

Despite their advanced education and research productivity, chiropractic specialists remain largely invisible within interprofessional and insurance frameworks. Many health professionals, insurers, program planners, and even general practice chiropractors are unaware of how specialists can contribute to complex case management, quality improvement initiatives, or health-system planning. In healthcare systems increasingly oriented toward interprofessional collaboration, this invisibility represents a significant barrier to realizing the advanced-practice potential outlined in this commentary.

This gap stems not from lack of competency but from structural and systemic factors: the absence of specialist designation in insurance coding and reimbursement frameworks; the lack of defined referral pathways within integrated care models such as pain clinics and rehabilitation networks; and insufficient communication within healthcare institutions and professional networks. Without these mechanisms, specialist competencies remain systematically undervalued and untapped—a missed opportunity for patients, the profession, and the broader healthcare system.

Addressing this gap requires a coordinated, multi-level approach. National and provincial associations, in partnership with the Specialty Colleges Council and regulators, must develop consistent, evidence-based messaging that presents chiropractic specialists as recognized providers of advanced neuromusculoskeletal care capable of functioning as leaders and collaborators in complex healthcare environments. Concrete mechanisms could include developing formal referral protocols and clinical pathways; engaging healthcare administrators and policymakers to secure recognition of specialty credentials in recruitment, credentialing, and advancement frameworks; and establishing collaborative projects with other health-

care professionals that demonstrate specialty value in specific clinical contexts (e.g., concussion management, chronic pain programs).

### *Evidence gaps and policy translation*

Although specialists are major contributors to chiropractic research, there remains limited comparative evidence demonstrating the clinical and economic impact of specialist care.<sup>5,6</sup> Evidence demonstrating the clinical and economic advantages of specialist-level care is needed to support inclusion in publicly funded programs and guide healthcare planning.

Investing in pragmatic clinical trials, outcomes registries, and health-services research would generate the data required to link educational quality assurance with measurable system impact. Such evidence would strengthen both policy advocacy and interprofessional credibility.

### *The advanced practice paradigm*

Findings from the 2025 survey on the value proposition of chiropractic specialty reveal broad professional consensus that chiropractic specialization enhances quality of care, public protection, and professional credibility.<sup>6</sup> Yet participants also identified persistent structural barriers such as limited recognition, restricted scope, and underutilization, that prevent specialists from functioning to their full potential. These observations mirror developments in other health disciplines that have evolved toward advanced-practice models, such as nursing and physiotherapy where higher levels of education and competency are explicitly linked to expanded clinical responsibility and system integration.<sup>32-38</sup>

### *Defining advanced practice in the chiropractic context*

Across health professions, advanced-practice frameworks share core features: graduate-level education, competency-based assessment, regulated title protection, and integration of leadership, scholarship, and direct patient care.<sup>32,36-38</sup> They emphasize the ability to manage complexity, exercise clinical judgment with greater autonomy, and collaborate effectively within multidisciplinary teams. Within this context, Canadian chiropractic specialization already embodies many of these key markers of advanced professional practice. Specialists complete structured graduate programs, demonstrate advanced diagnostic and

management competencies, and contribute to education, research, and interprofessional collaboration.<sup>4,5,17</sup>

### *Reframing specialization as advanced practice*

Positioning chiropractic specialization within an advanced-practice paradigm reframes it from an internal professional credential to a system-level resource. This conceptual shift provides a language familiar to regulators, policymakers, and payers. It situates chiropractic specialists alongside other advanced practitioners in musculoskeletal health. It also underscores that specialization is not hierarchical but integrative. It strengthens general practice through mentorship, consultation, and evidence translation rather than creating divisions within the profession.

Adopting this paradigm has several strategic implications:

- It clarifies the public-protection rationale for specialization by linking graduate education and competency assurance to defined scopes of advanced practice.
- It facilitates policy alignment with other health professions, enhancing recognition and reimbursement pathways.
- It encourages interprofessional integration, enabling chiropractic specialists to participate formally in chronic-pain programs, rehabilitation networks, and collaborative spine-care models.

### *A bridge between framework and implementation*

Conceptually, the advanced-practice model connects the national competency and accreditation framework to its real-world application. It translates the values embedded in the *Competency Profile for Chiropractic Specialists in Canada*<sup>4</sup> including expertise, collaboration, scholarship, and leadership, into a functional identity recognized by health-system partners. By adopting this paradigm, chiropractic specialists can be positioned as advanced clinicians who contribute not only to musculoskeletal care but also to system improvement through research, quality assurance, and health-policy engagement.

This redefinition also provides the foundation for the strategic priorities including harmonized recognition, equitable access as well as strengthened visibility and evidence. Each of these priorities operationalizes the advanced-practice vision within Canada's evolving health-care landscape.

### *Strategic priorities*

The evolution of chiropractic specialization has produced a coherent, competency-based framework capable of supporting professional excellence and public accountability. What remains is to ensure that this framework functions as a living system. Specialists and the services they provide should be recognized and supported across all jurisdictions, accessible to patients, visible within healthcare, and supported by robust evidence. Translating the advanced-practice vision into tangible outcomes requires coordinated action guided by three interdependent priorities.

#### *1. Harmonize recognition and modernize legislation*

National coherence in specialty recognition remains the cornerstone of progress. The *Specialty Colleges Council (SCC)*, *Council on Chiropractic Education Canada (CCEC)*, and *Federation of Canadian Chiropractic (FCC)* already provide the necessary governance foundation. The next step is to align provincial legislation and regulatory policies with the *SCC Policies for Chiropractic Specialty Colleges*<sup>5</sup> and the forthcoming *CCEC Accreditation Standards* (anticipated 2026).

A harmonized model would ensure that the title related to the chiropractic specialty or advanced practice carries the same meaning and protection across all provinces and territories. Provincial legislation should explicitly recognize FCC-endorsed specialties, define registration and maintenance-of-certification pathways, and embed competency assurance within public-protection mandates. The *Specialty Recognition Committee*, established by the FCC, offers a transparent mechanism for assessing new specialties and ensuring national consistency.

Such harmonization is not merely administrative; it is a tangible expression of public protection and professional maturity. By linking competency standards, recognition and accreditation, chiropractic specialization can emulate best practices in other health professions while maintaining provincial autonomy.

#### *2. Expand access and equity through innovation*

Geographic inequities and limited access to specialist chiropractic care persist, with nearly two-thirds of Canada's 263 Fellows practising in Ontario. (Table 4) This imbalance restricts patient access and limits professional collaboration in smaller jurisdictions.

Addressing these disparities requires both educational diversification and innovative service models:

- Establish new graduate specialty programs in underserved areas where institutional capacity already exists (e.g., UQTR), to expand training opportunities.
- Develop regional specialty hubs and telehealth consultation networks that connect general chiropractors with Fellows for case discussions, mentorship, and referral support.
- Integrate specialty expertise into interprofessional community clinics and academic health centres, positioning chiropractic specialists as key contributors to chronic-pain management, rehabilitation, and occupational-health programs.

These initiatives would operationalize the advanced-practice model by extending access to specialized expertise and aligning chiropractic with national priorities for equitable, community-based care.

### *3. Strengthen visibility, evidence, and system integration*

Even as chiropractic specialization achieves structural maturity, its visibility and integration within the healthcare system remain limited. A coordinated communication and data strategy is essential to demonstrate the value of specialist-level care.

**Public and interprofessional awareness:** National and provincial associations, in partnership with the SCC and regulators, should develop consistent messaging that presents chiropractic specialists as evidence-based providers of advanced neuromusculoskeletal care. A public-facing national directory of Fellows would improve transparency, facilitate referrals, and enhance trust among patients, insurers, and healthcare partners.

**Research and outcomes infrastructure:** Establish a national outcomes registry, jointly maintained by the SCC, FCC, and academic partners, to monitor quality indicators, patient outcomes, and cost-effectiveness. These data will provide empirical support for inclusion of chiropractic specialists in collaborative and publicly funded care models.

**Interprofessional integration:** Collaborative research and demonstration projects should quantify the impact of specialist participation in interdisciplinary programs for

chronic pain, rehabilitation, sports injury and spine care. Such evidence will strengthen policy recognition, inform reimbursement frameworks, and advance chiropractic's contribution to healthcare innovation.

Together, these three priorities—harmonized recognition, equitable access, and enhanced visibility and evidence—translate the advanced-practice framework into actionable policy. Implemented collectively, they will ensure that chiropractic specialists are recognized not only for their academic and clinical expertise but also for their essential role in improving accessibility, quality, and sustainability within Canada's healthcare system.

### **Conclusion**

Despite achieving organizational maturity, chiropractic specialization remains incompletely integrated within Canada's healthcare system. Inconsistent provincial recognition, unequal geographic distribution, limited public visibility, and absent comparative outcome data constrain its impact. We propose that addressing these barriers requires coordinated implementation of three interdependent strategies: harmonizing recognition and legislation across provinces; expanding access through regional training, telehealth consultation, and interdisciplinary hubs; and strengthening visibility and evidence through national communication and outcomes registries.

Advancing these priorities will transform chiropractic specialization from a professional credential into a system-level resource. By fully operationalizing its advanced-practice framework, the profession can ensure that specialist expertise contributes not only to patient care but also to healthcare innovation, education, and interprofessional collaboration nationwide—advancing Canada's objectives for accessibility, quality, and safety in musculoskeletal health.

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