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LETTER TO THE EDITOR

Challenges in researching chiropractic pediatric curricula

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KEY WORDS: chiropractic education, chiropractic geriatrics, chiropractic pediatrics, curriculum, research

LETTRE À L'ÉDITEUR
Défis liés à la recherche sur les curriculums de la chiropratique pédiatrique

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MOTS CLÉS : enseignement de la chiropratique, chiropratique gériatrique, chiropratique pédiatrique, curriculums, recherche

Despite the fact that chiropractic care of children is a widespread and common practice, it remains a source of controversy within[1,2] and without[3] the profession. This is due to several factors, including lack of substantial research supporting the effectiveness of manual therapies in the care of children as well as the ideological issues regarding attitudes towards vaccination and other accepted public health practices.[4]

In chiropractic educational programs, pediatrics is sometimes taught as a stand-alone course or as part of a broader course, typically called "special populations". To date (and to our knowledge), there has been no published work describing the current status of pediatrics curricula in chiropractic programs. For example, how is the topic taught, how much practical clinical experience do students actually get, and what supervised activities are available for students to demonstrate competency managing child patients? Such a study of chiropractic curricula would be a starting point for a larger conversation about the role of chiropractic in caring for children, and the need for research support for that role.

Geriatrics (often grouped with pediatrics in "special population" courses) has been surveyed several times for its curricular content in chiropractic programs. Hawk *et*

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al.[5] studied chiropractic geriatric syllabi in 1996, with data collected from 9 of 17 programs (53% response rate), Borggren *et al*.[6] updated this information with a study in 2009, with 14 of 18 programs reporting data (78% response rate) and Gleberzon *et al*.[7] recently updated this information in 2025, with 24 of 34 programs responding (71% response rate), following which only 17 provided useful data for the study (50% usable response rate).

We designed a similar study of pediatric curricula (reviewed by the University of Pittsburgh IRB and deemed not to be human research), with a survey sent to 17 North American programs, yielding only 3 responses (18% response rate). As a second attempt, 27 worldwide chiropractic programs were contacted and simply asked to send their pediatric syllabi, which we were planning to analyze in the manner used by Gleberzon *et al*.[7] That second attempt also only yielded three responses (11% response rate), and we wish to express our considerable gratitude for those taking the time to respond.

What is it about chiropractic pediatrics that suggests programs are reluctant to share information, when they are more open to sharing about chiropractic geriatrics? This lack of responsiveness does little to settle the ongoing questions about the purpose, value and safety of chiropractic care of children. We are not entirely stumped by this lack of response, however, and are now limited to surveying publicly available information on college websites (despite the variability and uncertainty of currency of such data). In fairness to those solicited for information, it is certainly possible that survey fatigue and other administrative priorities may have impacted our response rate, notwithstanding that the same institutions responded to the geriatric survey at a much higher rate. We hope that other investigators have better luck in getting widespread cooperation on topics of (great) importance to the chiropractic profession.

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