

**Health Professions Council
Scope of Practice Review**

**Submission of the B.C. College of Chiropractors
September, 1995**

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Executive Summary

The legislative definition may be improved by:

- * using plainer language
- * describing chiropractic in terms of its core paradigm; namely, health and the relationship of the spinal column to the nervous system
- * identifying "adjustment" as the core avenue for professional intervention in the restoration and maintenance of health
- * consolidating the scope of practice provisions in one section of the Chiropractors Act.

It is in the public interest to designate the chiropractic adjustment as a reserved act of the chiropractic profession. In support, evidence is provided on:

- * the effectiveness of chiropractic adjustment
- * the necessity for unique and exclusive professional knowledge and skill outside of the public domain
- * the risk of harm to the public
- * cost implications

Chiropractic is the only health care profession with both adjustment as its core practice and the necessary education and training to achieve greater levels of positive treatment outcomes.

The issue of supervised acts as defined in the Revised Terms of Reference is not a major concern in the practice of chiropractic.

Chiropractors use the "doctor of chiropractic" designation either in the manner of "D.C." as postscript to a name or "Dr." as an abbreviated title. There do not appear to be any issues associated with the use of these designations.

Introduction

In British Columbia, the public interest continues to be served very well by both the practice of chiropractic and the chiropractic profession. In particular, chiropractic services provide a recognized and demonstrated benefit to the health, safety and well being of the public.

Since 1934, chiropractic has been an independent, regulated profession. Throughout the years, the chiropractic profession and its leaders have consistently demonstrated a commitment to regulating the profession in the public interest. It is in this spirit of serving the public interest that the B.C. College of Chiropractors welcomes the opportunity to participate in the scope of practice and legislative review being conducted by the Health Professions Council.

After reviewing the legislative definition of the scope of chiropractic practice, the College considers that the public interest may be served better by:

- * using plainer language
- * reserving the act of adjustment to the chiropractic profession
- * ensuring access for chiropractors to laboratory tests, diagnostic radiology, and other imaging technology available now or in the future

Improving the Legislative Definition of Scope of Practice

The public's understanding of the chiropractic scope of practice may be improved by making the following changes to the existing legislative definition (described in Appendix A):

1. The definition of "chiropractor" should be repealed. Now that "member" is defined it is duplicative to define "chiropractor" as well.

2. The current definition of chiropractic should be repealed and substituted with the following: "chiropractic" is concerned with the restoration and maintenance of human health through the assessment and treatment of the spine, other joints of the human body, and the associated soft tissue and is involved primarily with the relationship of the spinal column to the nervous system.

The new definition serves the public interest because:

- (a) plainer language makes the definition more readily understandable and more certain;
- (b) it retains the important focus on the restoration and maintenance of human health;
- (c) the language describes the central core principle that chiropractic is involved primarily with the relationship of the spinal column to the nervous system;
- (d) it informs the public that the practice of chiropractic includes assessment and treatment; and
- (e) it informs the public that chiropractic is concerned with the spine, nervous system, other joints of the human body and associated soft tissue.

3. The following new definition should be added to Section 1: "adjustment" is a movement of the joints of the spine beyond their physiological but within their normal anatomical range of motion using a high velocity, low amplitude thrust.

Presently, the legislative definition of "chiropractic" refers to the adjustment without defining it. Legislation governing physiotherapists and massage therapists refers to "manipulation". The legislation governing medical doctors does not define the practice of medicine but states that medicine "includes a person who performs manipulation". Again, "manipulation" is not defined. Notably, the word "adjustment" does not appear.

The legislature does not appear to have expressly considered the precise meaning of "adjustment" and "manipulation". The College submits that the terms do not mean the same thing. Furthermore, since the legislature uses the word "adjustment" in relation to chiropractors, and "manipulation" in relation to physiotherapists, massage therapists and medical doctors, it must intend the two words to have different meanings.

The College submits that "manipulation" is a broader concept which includes all forms of general physical movement that a health professional might properly apply to a patient. As such, it is not something which presents any specific risk or hazard to the patient. It is not something which should be defined as a controlled or reserved act. It is in the public domain. Indeed, in the Ontario reforms, there was no recognition of manipulation or massage as a controlled act. Accordingly, chiropractors are able to manipulate and massage patients to the extent necessary in order to perform the appropriate diagnosis and to prepare the body for the administration of the adjustment.

On the other hand, there is a solid justification for providing a specific definition of adjustment and reserving the performance of that act to the chiropractic profession.

Chiropractic offers a specialized treatment approach to the restoration of human health in the form of treatment primarily by adjustment by hand of the spine. No other provider group or profession is trained or has the specialized knowledge and skill to provide treatment in this manner. This is the core of chiropractic which separates the profession from all others. By defining this core act, the profession emphasizes its specialized knowledge and skill in the adjustment of the spine and creates the basis in the legislation for making the adjustment a reserved act. The justification for the reserved act is fully developed in Part 2.

4. Section 9 should be repealed and substituted with the following:
 9. (1) A member may:
 - (a) communicate a diagnosis;

- (b) offer advice on the maintenance of health;
- (c) perform an adjustment by hand of the joints of the spine;
- (d) use devices and therapies approved by the board to assist in the preparation for, maintenance and delivery of the adjustment;
- (e) manipulate the other joints of the human body and associated soft tissues;
- (f) use x-rays of the spine and other joints of the human body; and
- (g) use other diagnostic imaging and laboratory testing procedures and for this purpose may refer patients to certified specialists, public or private health facilities or laboratories.

9. (2) A member may not engage in the diagnosis and treatment of the human body otherwise than as specified in this Act unless he first applies to have his name stricken from the register of members of the college and discontinues the use of the name "chiropractor", whether by way of advertisement or in any other manner which might signify that he was practicing as a chiropractor within the meaning of this Act.

9. (3) No person other than a member may perform an adjustment of the joints of the spine for the purpose of the restoration or maintenance of human health.

9. (4) Every person who contravenes this section commits an offense against this Act.

The proposed revisions to section 9 consolidate all provisions relating to the scope of practice in one section of the Act. The public interest is better served because the scope of the practice of chiropractic is now described specifically.

Sections 9 (1) (a) and (b) simply state explicitly what is necessarily implied in the existing definition of chiropractic and the scope of practice.

When read together, sections 9 (1) (c) and 9 (3) create the adjustment of the spine as a reserved act for chiropractors. The manipulation of the other joints of the human body and of associated soft tissues is considered to be in the public domain.

Section 9 (1) (d) amplifies a portion of the existing definition of chiropractic to clarify that chiropractors may use certain adjunctive therapies or modalities in the practice of chiropractic.

Section 9 (1) (f) is a simplification of the existing provision dealing with the use of x-rays.

Section 9 (1) (g) benefits the public because the right of chiropractors to use or, to access by referral, diagnostic imaging and laboratory testing procedures available now or in the future is made certain. The Ontario Chiropractic Services Review Committee's Final Report to the Ontario Ministry of Health dated November 1, 1994 specifically recommended that chiropractors be able to order laboratory tests and that the performance of those tests should be an insured service. (1:26)

Section 9 (2) retains the existing prohibition of dual practices.

Section 9 (4) retains the existing offense provision.

Reserved Act - The Chiropractic Adjustment

It is in the public interest to make the chiropractic adjustment a reserved act exclusive to the chiropractic profession because of:

- (a) its distinct characteristic as a treatment approach compared to manipulation;
- (b) the risk of harm involved to the health, safety or well-being of the public; and
- (c) the specialized knowledge and skill possessed by chiropractors.

The restoration and maintenance of human health by spinal manipulation and by adjustment are distinct and separate treatment acts, although some studies have used both terminologies interchangeably. Throughout history, spinal manipulation had been used in some form prior to the emergence of medicine, osteopathy and chiropractic.

Treatment by manipulation is defined as the "passive movements of joints, bones or soft tissues carried out - with or without an anesthetic, and often forcefully - as a deliberate step in treatment" (2:22)

In its basic form, it is practised widely by members of the public. In its medical form, it is practised primarily by orthopedic surgeons and other caregivers, such as physiotherapists. Although some form of the act of manipulation has become part of controlled medical knowledge - for example, to be undertaken under the influence of anesthetic - the act itself may be considered within the public domain.

On the other hand, adjustment, (3:26) is "a specific form of direct articular manipulation using either long or short leverage techniques with specific contacts and is characterized by a dynamic thrust of controlled velocity, amplitude and direction." (4:189) In the context of chiropractic treatment, adjustment "refers to a wide variety of manual and mechanical interventions" involving specialized training, education and practice.

(5:103)

In practice, the critical features which require professional training and expertise beyond the act of manipulation in the public domain are:

- (a) the precise depth and distance, travelled by the chiropractor's thrust;
- (b) the amount of thrust necessary for the treatment; and
- (c) the associated judgment regarding when, where, and how a particular grade of adjustment should be provided with minimum risk to the patient.

Treatment by adjustment therefore is a specialized skill, refined by practice and accumulated via the acquisition of esoteric and unique knowledge. As stated in the proposed definition, it involves: "the movement of the joints of the spine beyond their physiological but within their normal anatomical range of motion using a high velocity, low amplitude thrust"

The knowledge and skill required of a chiropractor to fulfill this responsibility call for precise and very delicate professional and mechanical judgments. The acquisition of this knowledge and the development of associated skill require years of exclusive training and practice beyond what is available for non-anesthetic manipulation in the public domain and is outside the technical skills of other health care providers.

The effectiveness of the treatment of back pain by spinal adjustment in the restoration and maintenance of human health was first identified by chiropractors over 100 years ago. Since then a large body of knowledge has been developed by chiropractors regarding the efficacy of treatment by spinal adjustment. (6), (7), (8), (9), (10) Some national jurisdictions have used Royal Commissions of Inquiry to conclude that chiropractic care, or treatment primarily by spinal adjustment, is effective care. (11)

In the last decade, a variety of study designs have been used to support the effectiveness of chiropractic spinal adjustment. In a number of clinical trials, the treatment for low back pain, primarily by chiropractic spinal adjustment, was found to be "superior in the short term", (12), (13) "significantly better in short and long terms", (14) or showed "greater improvement" when compared to a variety of treatment approaches including manipulation and general practice medical care. (15) In 1993, a comprehensive review of published studies in the literature for the

Government of Ontario on the chiropractic treatment of low back pain, (LBP), concluded: "On the evidence, particularly the most scientifically valid clinical studies, spinal manipulation applied by chiropractors is shown to be more effective than alternative treatments for LBP. Many medical therapies are of questionable validity or are clearly inadequate." (16:11)

The chiropractor is the only health care provider with the preparation, knowledge and professional skill necessary for the treatment of the human body by adjustment.

Chiropractic education and training resemble that of the medical school in the first two of a four year program. However, since the orientation of the chiropractic profession is primarily based on non-intrusive interventions in the restoration and maintenance of human health, the last two years focus on the mechanics of the spine and treatment by adjustment rather than pharmaceutical and surgical interventions.

Similarity to Medical Education

As in medical schools, many chiropractic students are science graduates. Increasingly, many have post graduate degrees from accredited universities. During the pre-clinical years, studies in the basic medical sciences in the first two years include:

- * human anatomy (180 hrs.)
- * neuroanatomy (72 hrs.)
- * histology and developmental anatomy (168 hrs.)
- * human physiology (36 hrs.)
- * biochemistry (112 hrs.)
- * pathology (174 hrs.)
- * microbiology and infectious diseases (100 hrs.)
- * neuroscience (125 hrs.)

These are supplemented with additional foundation courses in radiology, radiographic anatomy and roentgenometrics, laboratory diagnosis, immunology, nutrition and bone pathology totalling 548 hours. (17)

Advanced courses in all of the basic foundation courses are offered during the third and fourth years of chiropractic education. Also courses are provided on:

- * toxicology (26 hrs)
- * orthopedics and rheumatology (92 hrs)
- * neuro-diagnosis (40 hrs.)
- * differential diagnosis (32 hrs.)
- * symptomatology (112 hrs.)
- * radiological technology (39 hrs.)
- * arthritides and trauma (48 hrs.)
- * community health (37 hrs.)
- * clinical nutrition (26 hrs.)
- * clinical psychology (46 hrs.)
- * emergency care (52 hrs)
- * child care (20 hrs.)
- * female care (27 hrs.)
- * geriatrics (20 hrs.) (17)

The Unique Chiropractic Education

The core of chiropractic education is the treatment of human health by the adjustment of the spine. The professional preparation necessary for the acquisition of knowledge, skill and

competence directly relating to the treatment of human health by spinal adjustment spans all four years of chiropractic education and continues in practice through continuing education requirements. Overall, about 1,000 hours of courses and practical application of chiropractic sciences specific to adjustment are required. Some of the courses and clinical requirements include:

- * body mechanics
- * chiropractic principles and skills
- * radiation biophysics and protection
- * clinical biomechanics
- * chiropractic management
- * auxiliary chiropractic therapy
- * differential diagnosis
- * neuro-diagnosis and symptomatology
- * orthopedics and rheumatology
- * applied research and biometrics
- * "observer" clinical education

In addition, approximately 1,000 hours of further clinical education are required in the following areas associated with spinal diagnosis and adjustment:

- * clinical internship
- * auxiliary chiropractic therapy clerkship
- * clinical laboratory clerkship
- * clinical x-ray technology and interpretation
- * clinical chiropractic management (17)

Once in practice, the specialized training of the chiropractor in adjustment is constantly reinforced by ongoing patient care-the chiropractor is almost never distracted from the core of his or her professional education as a primary care giver. The formal training and education of the chiropractor enables him or her to diagnose adverse health situations, to recognize limitations and contraindications of treatment by adjustment and to provide effective and safe treatment. Since the clinical practice rests almost entirely on the delivery of adjustment techniques and procedures, the chiropractor's skill is always applied, leading to greater levels of proficiency and competence over time. No other health care provider has the same training and clinical practice exclusivity regarding treatment by adjustment. Thus, the safety of the public is best assured by a chiropractor.

The chiropractic profession in British Columbia has been regulated since 1934. Throughout, the focus has been on public safety and the optimum delivery of services. Research has provided a wealth of new knowledge on the effectiveness of spinal adjustment, especially for low back pain, the most recent being a Canadian study in 1993. (16)

The profession has a history of self-regulation characterized by its commitment to self-evaluation and change. This is buttressed by the ongoing review and development of a professional code of conduct, which includes clinical guidelines. Practising chiropractors are required to fulfill continuing education requirements to maintain licensure as prescribed by the College. The delivery of spinal adjustment as treatment in human health is professionally and educationally monitored and updated with new knowledge, thereby ensuring the continuing protection of the public.

The chiropractic profession is the only health service provider group with spinal adjustment as its core education and practice. It is the only health service provider group with the necessary preparation to safely undertake adjustment procedures in the treatment of the human body. To minimize, prevent and possibly eliminate risks to the public, chiropractic education embarks on a very tedious, rigorous and extensive educational process, particularly in the application of adjustment as a treatment form. As previously noted, this is reflected in course work and approximately 1,000 hours of hands-on focused training in the techniques and practice of

adjustment. Without the same level of training, education and practice, other provider groups with some competence in manipulative therapy, cannot be expected to provide the same level of competence and safety as chiropractors, or achieve the same results. (16)

The techniques and associated procedures are complex and specifically chiropractic. All require some variation of "high velocity, low amplitude" motions of varying gradations targeted at specific locations on the spine based on the presenting health problem and treatment objective. (15:332-358) Each form of adjustment has a number of approaches, positions and finite interpretations of amount of pressure. The knowledge of where, when and when not to use a form of adjustive technique is of utmost importance for public safety. It includes knowing the indications and contraindications associated with choice of treatment, the possible inter-current effects, the health habits and the general health of the patient, the treatment objective and long-term effects and the precise nature of the adjustive thrust. It is the professional ability to integrate these and other factors with mechanical and functional adjustment skills that is critical in minimizing and preventing harm or reducing the probability of risk to the patient.

In health care, especially in situations of professional practice, there are always potential and inherent risks due to bodily contact and procedure. The simple act of immunization carries the potential risk of adverse reaction to antigen and possible risk of infection. Therefore the risk to the consumer of a health service is minimized by the training and competence of the provider. This is further supported by a licensing Act and set of professional regulations which require that only competent providers become involved in the delivery of a particular health service. The public is not only assured of a higher level of protection in its choice of care through the evaluation of outcome or the result of treatment, but also in minimizing the potential for harm.

The potential risks to the public associated with adjustment may include the following:

- * fracture of a bone, particularly if the bone is already weak from disuse or the lack of adequate calcium content
- * aggravation of pre-existing disc conditions
- * tear of surrounding soft tissue of a joint especially in the presence of inflammatory arthritis or stiffness, and
- * aggravation of pre-existing destructive disease processes close to the joint

In addition to pain and discomfort, some of the complications associated with function and activities of daily living may include:

- * **Serious short-term and long-term impairment of movement.** An individual can be severely limited in the ability to undertake simple activities such as turning and rotating the neck or back, picking up objects from the floor or participating in recreational activities. This impairment of movement can be accompanied by pain and could affect the person's job in ways that have a negative economic impact on the individual and family.
- * **The hyperextension of neck bones resulting in partial thrombosis** Capillary blood in the area under treatment can coagulate when a person's neck is extended under pressure. This may result in blood clotting in the vessel with the potential for heart attack and even death in very severe cases.
- * **Persistent pseudo-aneurysm of the vertebral artery.** Under persistent pressure thrusts, the wall of the blood vessel can weaken, leading to periodic expansion and dilation as blood is pumped through it. A potential risk is rupture and internal bleeding in severe cases.
- * **Stenosis of the vertebral artery.** Uneven pressure thrusts applied intermittently to the artery may lead to a narrowing of the vessel. Some of the associated potential risks may include weakness, fragility and involuntary contraction of the vessel.

- * **General vertebral artery incompetence.** The weakening or narrowing of the blood vessel to an area of the spine may lead to inadequate blood supply to the vertebrae and associated problems.
- * **Stroke.** In rare occasions, a forceful pressure thrust on a large blood vessel in the neck may cause its rupture leading to stroke. The functional limitations associated with stroke are well known and quite limiting.

In some instances, vertigo, nausea and headaches were the results of poorly administered treatment by adjustment. (19:359-382)

The chiropractic profession is the only health service provider group with spinal adjustment as its core education and practice. Knowing when to provide treatment by adjustment, the contraindications associated with the treatment, the purpose, the expected result, and the nature of complications that can be reasonably anticipated are some of the professional considerations of a chiropractor.

The implications of improperly administered high velocity, low amplitude movement of spinal joints for the individual and for society are clear.

First, a person's health and well-being can be compromised to the extent that he or she may find it difficult to undertake routine functions associated with life and living. In severe cases, the individual can become dependent upon others for simple tasks, may experience severe pain or may even die from associated complications. Other implications include the loss of earnings, a continuing poor state of health, the psychological burden and the inability to meet social obligations.

Second, society can lose the positive economic and social contributions of the individual. Moreover, the burden of the individual's long-term rehabilitation falls on society, resulting in a negative cost effect. Similarly, an increase in the number of affected people would lead to a direct increase in their cost of care and the participation of different professional groups in caring for them.

The significance of chiropractic education and training in spinal adjustment, coupled with long-term apprenticeship and safeguards to ensure continuing competence, is demonstrated in the findings of the most recent Canadian study on "Chiropractic Management of Low Back Pain". Characterizing adjustment as "chiropractic spinal manipulation", the study finds as follows with respect to public safety: "There is no clinical or case-control study that demonstrates or even implies that chiropractic spinal manipulation is unsafe in the treatment of low back pain. Some medical treatments are equally safe, but others are unsafe and generate iatrogenic complications for LBP patients. Our reading of the literature suggests that Chiropractic manipulation is safer than medical management of low-back pain." (16:11)

The authors question the validity of medical and other professional types of low back pain management and comment: "What the literature revealed to us is the much greater need for clinical evidence of the validity of medical management of LBP. Indeed, several existing medical therapies of LBP are generally contraindicated on the basis of existing clinical trials. There is also some evidence in the literature to suggest that spinal manipulations are less safe and less effective when performed by non-chiropractic professionals." (16:11) (emphasis added)

The implication of this finding is that without the same degree of education, training, and experience, significant risk of harm to the public can occur if adjustment is performed by other health care professionals. The risks to the public, described earlier, which may result from the failure to undertake informed and skilled treatment by means of "adjustment", necessitate a special regulatory consideration of adjustment as an exclusive act.

Consumer choice should not be affected by restricting the service of adjustment to the chiropractic profession. Rather, available evidence tends to support the continuing existence of consumer choice in accessing health care in British Columbia. This is reflected in the growing number of chiropractors in the province, the use of chiropractic services in spite of the introduction of user fees, the help-seeking behaviour of new patients and the result of clinical outcomes.

* **Number of chiropractors.** An indicator of the potential effect on consumer choice is the supply of chiropractors vis-a-vis the demand for chiropractic services. The number of chiropractors in the province is gradually increasing annually at a rate slightly greater than that of the population. (Appendix B) It is expected that the supply of chiropractors will continue to be sufficient to meet the needs of the public especially regarding patient preference for individual practitioner care.

* **Use of chiropractic services** With the introduction of user fees in 1987, the chiropractic patient now pays a greater proportion of the chiropractor's fee than the Medical Services Plan. This has not deterred individuals from using chiropractic services; rather, the utilization rate has increased, indicating the existence of a measure of voluntary choice by consumers.

* **Help-seeking behaviour.** In a study of the Greater Vancouver region in 1987, it was found that the main sources of information for new chiropractic patients were social networks and word of mouth. The experience of satisfied former patients was related to help-seeking new patients. Advertising by chiropractors aimed at encouraging the use of chiropractic services is limited. Overall, the use of chiropractic care has been, and continues to remain, in the domain of consumer preference. (20)

The same study found that approximately 75% of new chiropractic patients had sought medical care from a medical doctor, 9% from a physiotherapist and the rest from a variety of care givers such as a nutritionist, naturopathic physician, acupuncturist and pharmacist. Almost all visits to chiropractors were discouraged by the family doctors or were made without their knowledge. All of the new patients voluntarily made the choice to receive chiropractic care. There were no significant educational, occupational, age, sex or income differences among the patients. (20)

* **Result of clinical outcomes** The experience of patients with respect to treatment by adjustment for their health complaints, especially for back pain, provides the primary influence on the choice of consumers. Treatment by adjustment has been shown in a recent Canadian study to result in greater positive outcomes than care by other practitioners. (16) Consumers will continue to make the choice for treatments with positive outcomes.

Making treatment by adjustment an exclusive practice act for chiropractic would link consumers to effective care by those best qualified to provide it. It would reduce the tendency to "shop around" for care from a variety of health care providers with less effectiveness and training. Moreover, it would provide the consumer with a clear choice in the context of a specific treatment technique. On the other hand, not making adjustment an exclusive chiropractic act would retain the status quo, where individuals may access multiple approaches to care with attendant personal, social and economic implications for the individual and society.

Negative economic cost effects are generated by the duplication of services when a consumer with back pain visits a family physician and is then referred for massage or physiotherapy over several weeks. The cost rises further with each additional referral to an orthopedist or upon admission to a hospital. This is particularly significant if the presenting back problem would respond favourably to chiropractic adjustment. Therefore, an early choice by the consumer to seek chiropractic care, or referral, generally results in positive cost effects.

As noted earlier, an estimated 84% of new chiropractic patients have previously visited a medical doctor or a physiotherapist. To many consumers, spinal manipulative treatment by physicians,

physiotherapists and chiropractors may be viewed as similar except that chiropractic patients may experience better positive outcomes. What is certain is that chiropractic treatment consists primarily of spinal adjustment and that chiropractors are the only care givers with the necessary training, experience and skill to deliver it. Making treatment by adjustment exclusive to chiropractic would reduce this uncertainty as well as the confusion regarding treatment by manipulation and treatment by adjustment. It would also result in cost savings as consumers as well as providers directly access an effective source of spinal care.

In general, the cost of medical services in British Columbia is increasing at a rate substantially greater than the cost for chiropractic services. (Appendix C) This can be attributed to the lower compensation rate for chiropractic services and the fact that chiropractors function in ambulatory settings and do not hospitalize patients.

The thrust of health services in the province is towards community and ambulatory care. All patients of chiropractic care are ambulatory; the majority maintain their employment, incurring no economic loss due to lost work days. Many, if not all, live at home, fulfilling their social and family obligations at personal cost savings. All are subject to user fee assessment at some cost saving to the province. In every respect, chiropractic services are integrated in the communities they serve.

All of these factors, when analyzed in full, lead to a conclusion of substantial economic savings to the consumer and the province. Again, the findings of the recent Canadian study on "The Effectiveness and Cost Effectiveness of Chiropractic Management of Low Back Pain" are particularly illuminating. After a review of approximately 400 studies and publications in search of evidence of "effectiveness", "cost-effectiveness", and "patient satisfaction" with regard to "Chiropractic Management of Low Back Pain", the authors find as follows with respect to economic cost:

"There is an overwhelming body of evidence indicating that chiropractic management of low back pain is more cost effective than medical management. We reviewed numerous studies that range from very persuasive to convincing in support of this conclusion. The lack of any convincing argument or evidence to the contrary must be noted and is significant to us in forming our conclusions and recommendations. The evidence includes studies showing lower chiropractic costs for the same diagnosis and episodic need for care.

There would be highly significant savings if more management of LBP was transferred from physicians to chiropractors. Evidence from Canada and other countries suggests potential savings of many hundreds of millions annually. The literature clearly and consistently shows that the major savings from chiropractic management come from fewer and lower costs of auxiliary services, much fewer hospitalizations, and a highly significant reduction in chronic problems, as well as in levels and duration of disability. Workers' compensation studies report that injured workers with the same specific diagnosis of LBP returned to work much sooner when treated by chiropractors than by physicians. This leads to very significant reductions in direct and indirect costs." (16:11)

Supervised Acts

The issue of supervised acts as defined in the Health Professions Council Revised Terms of Reference does not apply to chiropractors. Only registered chiropractors may perform the proposed reserved act of the adjustment. The skill and experience necessary are unique to chiropractors; therefore, it is not something which can or should be delegated and supervised.

Many chiropractors employ chiropractic office assistants. They serve a useful function in facilitating the practice to the benefit of the patient and the chiropractor. A chiropractic office assistant cannot diagnose or undertake the treatment of a patient by adjustment. He or she may

undertake lesser acts such as positioning a patient for professional treatment in a busy clinic, undertaking the initial aspect of history taking related to the reason(s) why a patient is seeking treatment during a first visit, undertaking routine radiological tasks such as the preparation of a patient for x-ray and ensuring that the necessary things needed by a chiropractor to fulfill professional acts are in place and functioning. In all respects the chiropractic office assistant is supervised by the chiropractor.

The College considers it appropriate to acknowledge their value and role.

Titles

Currently chiropractors are entitled to refer to themselves as a "Doctor of Chiropractic". They are entitled to use the word "Doctor" or the abbreviation "Dr." Most Doctors of Chiropractic are referred to as "Doctor" by their patients. Many will use the abbreviation "Dr." in their letterhead and other correspondence. Others will simply use the initials "D.C." following their name. In the view of the College the use of titles is not an issue at the current time in the province of British Columbia. The chiropractic services are adequately described in the title. The College is not aware of any problems in distinguishing chiropractors from other health professionals, nor is it aware of any public interest protection concerns in this respect.

Conclusion

In this submission the B.C. College of Chiropractors has defined chiropractic and elaborated on treatment by "adjustment" as the core function of chiropractic services. We have argued for exclusive right of treatment by an adjustment based on education, training and unique professional skill as well as the need for public safety and protection. In doing so, we clarified the margin between manipulation in the public and professional domain and adjustment in the chiropractic domain.

Based on current knowledge, we have provided evidence in support of the effectiveness and economic effects of adjustment or "chiropractic spinal manipulation treatment" and the need for designating adjustment as an exclusive chiropractic professional function. Noting that consumer access to a variety of treatment approaches will continue as the society increasingly becomes multicultural, we perceive no obstacle to consumer choice. Rather, we have argued that consumer choice would be more focused towards informed choice, direct positive outcomes of spinal care, and associated economic savings, both to the state and to the client.

We are therefore requesting your consideration of this submission in your recommendation for reasonable changes under your mandate.

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Appendices

Currently, the scope of practice is defined by the interaction of Sections 1 and 9 of the Chiropractors Act, R.S.B.C. 1979, Chap. 50. The relevant definitions and section are as follows:

1. In this Act "chiropractic" means the branch of the healing arts that is concerned with the restoration and maintenance of health through adjustment by hand, or the use of devices directly related to the adjustment, of the articulations of the human body and that is involved primarily with the relationship of the spinal column to the nervous system;

"chiropractor" means a person whose method of treatment of the human body for disease and the causes of disease is confined solely to chiropractic:

9. (1) Subject to subsection (2), no person registered as a chiropractor under this Act shall engage in the practice of the diagnosis or treatment of the human body for disease, or the causes of disease, otherwise than as a chiropractor, unless he first applies to have his name stricken from the register of members of the college and discontinues the use of the name "chiropractor", whether by way of advertisement or in any other manner which might signify that he was practising as a chiropractor within the meaning of this Act.

9. (2) A person registered as a chiropractor under this Act may in connection with his practice use Xray shadow photographs of the articulations of the human body and, if he first applies for and obtains from the board a certificate of competency under the rules, he may in connection with his practice use Xrays for the purpose only of producing shadow photographs of the articulations of the human body.

9. (3) Every person who contravenes this section commits an offence against this Act.