



Consultation on Identity

Abstracts of Previous Relevant Research

For background information only. Summarized from past research sent to the WFC by members and others, and provided as background information. Further abstracts will be added as additional material is received. If you are aware of other surveys/research relevant to identity – including information on the perspectives of members of the public and the profession – please forward this to the WFC. Wherever possible this should be in electronic form to identity@wfc.org and all other communication should be for the attention of Dr. Eleanor White, Manager, Communications.

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I. Australia

A. Title: *Review of the Relationship of Chiropractic Services to the Public Health System in Western Australia*

Authors: Straton RG, Sweeney J and Grandage J

Date: October 1990

Publication: unpublished monograph

Commissioned by the Health Department of Western Australia

Method: 310 telephone interviews of members of the public, 8% of whom had visited a chiropractor during the past 12 months (compared with 86% to general practitioners and 13% to physiotherapists), 32% of whom had visited a chiropractor in the past.

Dated: November 13, 2003

Findings

1. The public felt that, in general, MDs and PTs were better trained and more effective than chiropractors. The one exception was for back pain — where MDs were seen as ineffective, but PTs and chiropractors as equally good.
2. A majority of respondents who had never visited a chiropractor (68%) said they would be prepared to do so. When asked what for, most common responses were back, neck, spine (60%), joints (24%), muscular pain (20%) and headaches (7%). Only 4% would visit a chiropractor “to maintain good health”. No non-NMS conditions rated over 1%.
3. Of the 104 who had previously visited a chiropractor, common reasons were back problems (61%), neck problems (23%), headache (7%), extremity problems (11.5%). The highest non-NMS reason was breathing/asthma (2%) and 1% had visited for health maintenance.
4. Approximately 3 out of 4 of all respondents interviewed agreed that chiropractic had an important place in the total health care system (72%) and that chiropractic services should be available in hospitals (71%) and an overwhelming majority (89%) agreed that chiropractic services should be covered by the government health plan, Medicare.
5. Asked if chiropractors should diagnose general health conditions in a similar way to general medical practitioners, an overwhelming majority of 92% disagreed (79%) or said they did not know (13%).

II. Canada

A. Title: *The image, position and reputation of chiropractic in the health care marketplace today: a qualitative investigation into attitudes toward, and perceptions of, chiropractic in Canada*

Authors: Kenneth Caplan and Associates

Date: March 1994

Publication: unpublished monograph

Commissioned by Canadian Chiropractic Association

Method: 12 focus groups, and in-depth individual interviews of chiropractors, chiropractic patients, and members of the public who were non-patients. Motivational research by experts, which, they assert, gets at the real attitudes of individuals, which are often masked by more superficial replies to surveys.

Findings

1. Public

- (a) Most public perception of chiropractic is based on ignorance, misinformation and bias rather than fact. Chiropractic patients generally know little more about chiropractic than non-patients. Generally there is a lack of respect and trust, and this is true of younger, as well as older, persons.
- (b) Public confidence tends to be restricted to back and neck problems, but even there chiropractic tends to be a second alternative. Reasons are cost and lack of trust in and authority of chiropractors.
- (c) Neither patients nor non-patients mention prevention in relation to chiropractic. They see prevention was important, but see this as diet and exercise rather than chiropractic.

2. Chiropractors

- (a) There is substantial agreement on six issues — the image of chiropractic has improved and public confidence continues to develop; however, old barriers remain strong and there is still a social stigma attached to chiropractic; the trend towards acceptance of alternative health care is an asset; despite improvement, the medical establishment is generally openly hostile; and user fees are a great disincentive to use of chiropractic services.
- (b) A barrier to advancement of chiropractic, they say, is chiropractors themselves. They are defensive, and lack real confidence and sense of leadership in promoting chiropractic.
- (c) There is far too much internal discord for the profession to advance as it should.

3. Public and chiropractors

- (a) The two groups have very different perspectives of the profession and what it can offer (for example chiropractors think they have a major role to play in prevention, the public does not understand this at all, including chiropractic patients).
- (b) The public, including patients, understands very little about chiropractic education, qualifications and scope of practice.

4. Recommendations

- (a) Improved identity and image, position, and reputation are essential to the future development of the profession.

- (b) For chiropractic in Canada to have an improved image and authority, it is of “supreme importance” that the national association become a primary and respected advocate in the public consciousness. It must be perceived as “legitimate and authoritative” similar to the Canadian Medical Association.
- (c) “It is essential to establish a single and unequivocal identity for chiropractic in the minds of the public as soon as possible.”
- (d) Trends and needs expressed by the public on which chiropractic should build are the need for a more personal partnership in health care, and a desire for natural, positive, humanistic and hands-on care.
- (e) A possible strategy might be “the art and science of chiropractic” under which:
 - (i) Science — emphasize that chiropractic is responsible, knowledgeable, tested and proven, drug-free, non-invasive.
 - (ii) Art — chiropractic is personal, compassionate, hands-on and participatory.

B. Title: *Canadian Chiropractic Resources Databank (CCRD): a national summary report.*

Author: Papadopoulos C.

Date: July 1997

Publication: Unpublished monograph

Commissioned by: Canadian Chiropractic Association

Method: Mail survey of all active licensed chiropractors (4,125) with a response rate of 70.4% (2,905). The survey, establishing a comprehensive databank of practical information on the profession in Canada, covered demographic data, education and affiliations, professional activity, practice characteristics, and finances and income. Only findings relevant to identity and role of the profession are given below.

Findings:

- 5. As to postgraduate education, 3.7% of chiropractors held a CCA recognized specialty certification (e.g. in orthopedics, radiation, rehabilitation) and 15.5% were certified or registered to practise

naturopathy, homeopathy, acupuncture, massage therapy or another related discipline.

6. On average 86.3% of patients sought chiropractic care for primary conditions of a neuromusculoskeletal nature.
7. On average exercises were prescribed to 70.2% of patients, with lifestyle counselling (37.5%), nutritional advice (32.2%) and stress management (28.1%) given to less than half. By far the most common adjunctive technique, used with an average of 77.3% of patients was Diversified, followed by Activator (9.5%), Gonstead (6.6%) and Thompson (5.7%).

C. Title: *Use of chiropractic services in Canada: A study based on Statistics Canada's National Population Health Survey 1994 and 1996*

Author: Kapsalis C, Data Probe Economic Consulting

Date: February 2000

Commissioned by Canadian Chiropractic Association

Method: This was a sub-analysis of the written survey data from 15,670 Canadians aged 12 and over in a federal government national population health survey with content relating to health status, use of health services, determinants of health and a range of demographic and information.

Findings:

1. Users of chiropractic services are better educated than average and have higher than average incomes. They tend to be concentrated in the middle of the population age distribution, with older Canadians (age 65 and over) under-represented. Foreign-born Canadians are significantly under-represented among chiropractic patients
8. There are dramatic differences in the use of chiropractic services in different provinces, clearly linked to levels of government funding for chiropractic services.
9. This study does not have good data overall on the reasons patients consult a chiropractor because it only asked about serious and/or chronic problems. A previous US/Canada study in the late 1990s reports that 75% of chiropractic patients in Canada have a primary complaint of back pain (Hurwitz et al. – reviewed below under USA). In the present study 44% of patients had a “serious back problem – i.e. a chronic condition or an injury limiting normal activities”. Outcomes were good in that 81% of all such chiropractic patients in 1994 either had no back problems in 1996 (41%) or a problem managed with continued chiropractic care (40%). “Of

the remaining 19% . . . most did not have any restrictions in daily activities relating to back problems” in 1996.

D. Market research, final (Province of Alberta: A Qualitative Report)

Authors: Criterion Research Corp.

Date: July 1999

Commissioned by College of Chiropractors of Alberta

Publication: Unpublished monograph

Method: Three focus groups, one each of users, non-users and lapsed users (no treatment within the past year of chiropractic services). This was one part of a two-part market research study. The second part, listed below, was a quantitative telephone survey. The focus groups were qualitative research to provide insights into perceptions and attitudes not possible with surveys.

Findings (from the conclusions/summary)

1. “There is a marked difference in how the 3 groups (non-users, users and lapsed users) view chiropractic”. Non-users and users “generally have a positive image of chiropractic”. However non-users are uninformed about level of education and treatment procedure.
For the most part, lapsed users view the chiropractic profession negatively” and “the repercussions of a negative visit to a chiropractor are far-reaching”. This is because lapsed users reject both their chiropractor and the profession of chiropractic and tend to become vocal opponents when others solicit them for advice.
10. “Generally, chiropractic is viewed by all groups, including users, as a last resort for the treatment of pain. While most were open to the idea of ongoing treatment to prevent or head off the recurrence of pain symptoms, they generally did not accept the concept of seeking an adjustment for general well-being.”
11. There is a lack of public confidence in the profession that could be changed by “providing information about chiropractic training”.

E. Title: General Population attitudinal survey (Province of Alberta): A quantitative report

Authors: Criterion Research Corp.

Date: September 1999

Commissioned by College of Chiropractors of Alberta

Publication: Unpublished monograph

Method: Telephone interviews of a random sample of 400 adults in the Province of Alberta in August 1999. This was to get information on barriers and motivations to using chiropractic services, information that would then be used to shape future marketing initiatives by the profession in Alberta. (Western Canada, including Alberta, has the highest utilization of chiropractic services in Canada at approximately 18% of adults per annum. In this random sample 204 respondents (51%) were current or past users of chiropractic services, and 20% had visited a chiropractor during the past year. This compared with visits during the past year to family doctors (85%), dentists (68%), massage therapists (17%) and physiotherapists (12%).

Findings

1. Asked "the reason why they sought chiropractic treatment" users listed a variety of neuromusculoskeletal pain syndromes including headaches/migraines. (Overall percentages are not clear because many users answered with the source of referral (friend, family, MD).
12. Asked the circumstances in which they would consider using chiropractic services, non-users cite neuromusculoskeletal pain syndromes exclusively. However, approximately 1 in 2 (53%) would either never use chiropractic services (18%), use them only on the recommendation of an MD (20%), or don't know under what circumstances they would consider chiropractic treatment (15%).
13. Most respondents (80%) agreed that they only visit a health care provider "when they have pain or symptoms." Conversely most (69%) disagreed that they would go to a health provider to optimize their health. 91% agreed that they participate in health promoting activities.
14. The majority of respondents (82%) were not familiar with the term subluxations. When the 18% saying they were familiar with the word were asked to describe its meaning a third (33%) said they did not know. Other comments ranged from moving joints (18%), and spinal adjustments (16%) to vertebra not aligned (6%), relaxed (4%), sections of the back (3%) and wellness of the spine (3%).

(In summary, in a population where 50% had used chiropractic services, 20% during the past year, only 18% claimed familiarity with the word subluxation and most of them could not define it.

F. Title: Survey of Canadian Adults: Back Pain

Authors: Environics Research Group Ltd.

Date: May 2003

Commissioned by: Canadian Chiropractic Association

Method: Telephone survey of a representative sample of 1500 Canadians age 18 and over to examine “the extent to which Canadians suffer from back pain, the action that they take to relieve their suffering, and levels of satisfaction with various therapies.”

Findings:

1. The most popular choice for those consulting a health care practitioner for their back pain was a chiropractor despite much higher co-payments/user fees than for medical and for para-medical care under the Canadian health care system.

There was a much higher patient satisfaction level for chiropractic care than any other treatment approach, with approximately 2 in 3 (69%) “very satisfied” and more than 9 of 10 (92%) “very or somewhat satisfied”. This compares with less than half “very satisfied” with medical and/or physiotherapy care (43%) or the use of prescription and OTC medications (35% and 30% respectively).

III. Ireland

A. Title: The unique role of chiropractic

Authors: Chiropractic Association of Ireland

Date: 2003

Commissioned by: Chiropractic Association of Ireland (CAI)

Publication: Professional policy statement

Method: Developed by CAI Board with membership input.

Findings:

Relevant text includes:

Introduction: "Founded as a drug-free system of health care more than a century ago, chiropractic has a unique approach aimed at normalizing nerve function body wide. Chiropractors primarily work on the spinal column, one of the most important and complex components of the nervous system. Because results are often seen first in the function of the spine and joints, chiropractic has emerged as a leader in the drug-free management of spine-related pain syndromes. However its application has a much broader impact on health than just simple pain reduction."

Unique role: "Chiropractic uniquely deals with the spine in relation to the nervous system. Chiropractic uniquely recognizes the supremacy of the nervous system in all aspects of health, performance and function. Chiropractic works by influencing the nervous system and its control of posture and global body function. This is achieved primarily through specific manual adjustments to the spine and related joints.

The chiropractic indicator of intervention is the subluxation, itself an indication of neuro-spinal dysfunction. Chiropractic care involves reducing subluxations to their smallest degree and keeping them at their smallest degree for the longest period of time possible, maintaining normal nerve function.

As a primary health care practitioner, a chiropractor is able to assess an individual's suitability for chiropractic care, giving careful consideration to the possible health benefits available through chiropractic in conjunction, if necessary, with any appropriate medical co-management."

IV. Italy

A. Title: *A pilot survey of chiropractic survey in Italy*

Authors Vinci C, Peterson CK

Date 2003

Commissioned by Private research

Publication peer reviewed journal, European Journal of Chiropractic 2003:47:61-78

Method February 1999 survey of the 95 members of the Association of Italian Chiropractors (AIC) with a response rate of 40%.

Findings

1. 72% had graduated from North American colleges (30% from Palmer College) and all others but one from the Anglo-European College of Chiropractic in the UK.
2. Approximately 30% were from each of Italy and the USA, with the others from a variety of European countries.
3. Estimates as to the percentage of patients presenting with different complaints were 35% for low back pain, 30% for neck complaints, 20% for headache problems, 14% for extremity problems and 1% for visceral problems.

V. Netherlands

A. Title: *Chiropractic in the Netherlands: A Survey of Dutch Chiropractors*

Authors Assendelft WJJ, Pfeifle CE, Bouter LM

Date: March/April 1995

Publication: Peer reviewed journal: J Manipulative Physiol Ther 1995; 18:129-134

Commissioned by: Dutch Ministry of Welfare, Health and Cultural Affairs

Method: A June 1990 survey of all 58 chiropractors in the Netherlands with a high response rate of 88% (51).

Findings

1. The number of chiropractors working in the Netherlands had doubled during the past five years, the majority of those who graduated more than ten years ago were trained in North America but most younger chiropractors and a majority overall (59%) were educated at the Anglo-European College of Chiropractic in England.
2. Chiropractors ranked the most frequent main complaints of patients as backache then neck pain then headache.
3. Most common were pain in the extremities and in the thorax. Visceral complaints scored lowest.

This patient profile seems to correspond with "a role mainly as specialist in musculoskeletal problems."

4. Typical elements of management were adjustments, other manual therapies, therapeutic exercises and cryotherapy. "Diets and food supplements were not widely prescribed."

VI. New Zealand

A. Title: *Chiropractic in New Zealand: Report of the Commission of Inquiry*

Authors Inglis BD, Fraser B and Penfold BR

Date: 1979

Commissioned by: The New Zealand Government

Publication: Monograph published by the Government Printer, Wellington, New Zealand.

Method: A judicial Commission of Inquiry into Chiropractic over approximately 18 months, which included extensive testimony by patients and professionals and was accompanied by the Commission's fact-finding tour to Australia, Canada, the UK and the USA. At the time, and still, "the most comprehensive and detailed independent examination of chiropractic ever undertaken in any country." (Report, pg. 1).

Findings (relevant extracts from Summary of Principal Findings in Chapter 1)

1. Chiropractic is a branch of the healing arts specializing in the correction by spinal manual therapy of what chiropractors identify as biomechanical disorders of the spinal column. They carry out spinal diagnosis and therapy at a sophisticated and refined level.
2. Chiropractors do not provide an alternative comprehensive system of health care, and should not hold themselves out as doing so.
3. Chiropractors should, in public interest, be accepted as partners in the general health care system. No other health professional is as well qualified by his general training to carry out a diagnosis for spinal mechanical dysfunction or to perform spinal manual therapy.
4. Patients should continue to have the right to consult chiropractors direct. The education and training of a registered chiropractor are sufficient to enable him to determine whether there are contra-indications to spinal manual therapy in a particular case, and whether the patient should have medical care instead of or as well as chiropractic care.

B. Title: *The art of healing – what you need to know about non-conventional therapies*

Authors: NZ Consumers' Institute

Date: September 1997

Commissioned by: NZ Consumers' Institute

Publication: Consumer No. 363, 20-27

Method: A 1997 survey of 12,000 *Consumer* members and readers. Of the 8,007 (67%) who replied, 4,084 had tried "a non-conventional therapy". Published results are based on those 4,084 replies, and chiropractic was the most used therapy (followed by herbal medicine then homeopathy) and the one with the highest satisfaction rate.

Findings

1. The problems chiropractic was most often used for by respondents were back pain (66%), neck/shoulder/arm pain (19%), leg/foot pain (4%) and headaches (3%).
2. Advantages most commonly quoted were that chiropractors were more knowledgeable about the spine than GPs; they helped where the GP/physiotherapist could not; and there was no reliance on drugs.
3. The disadvantages most commonly quoted were the need for repeated treatments and cost.

VII. Switzerland

A. Title: *The multiple facets of the Swiss chiropractic profession*

Author: Robert J

Date: 2003

Commissioned by: Association of Swiss Chiropractors

Publication: Peer reviewed journal - European Journal of Chiropractic (2003), 50, 199-210, new reference.

Method: Mailed survey by Swiss Institute of Chiropractic.

Findings

1. The majority of Switzerland's 250 chiropractors are graduates of colleges in North America known for their more scientific orientation.
2. The vast majority use diversified techniques, but many use other techniques also. Even though spinal manipulation is the primary treatment approach, most chiropractors use one or more of physiotherapy modalities, corrective exercises, foot orthotics and bracing. A minority use acupuncture (12%) and homeopathy (16%).
3. Since 1995 Swiss chiropractors have had certain prescription medication rights. These are used by the majority (61%) and the great majority (82%) consider these drug prescription rights an advantage for the profession.

VIII. United Kingdom

A. Title: *British Chiropractic Association Professional Statement*

Authors: British Chiropractic Association

Date: 2003

Publication: Professional Statement of Policy

Commissioned by the British Chiropractic Association

Method: Working party report endorsed by membership on a postal ballot.

Findings: Relevant text includes:

"Chiropractic is a primary contact healthcare profession, with its own distinct holistic principles and practice, specialising in the art of manipulation of the joints, largely by hand alone, with a view to normalising neuro-musculo-skeletal function as it relates to the spine and to patients' health.

Chiropractors use neither drugs nor surgery, but refer to relevant specialists where appropriate. They are regulated by law, and practise autonomously within the healthcare community, promoting co-operative relationships with other healthcare professionals, both within and outside of the healthcare system, for the benefit of the patient.

Chiropractic scope is not defined by law. The British Chiropractic Association is committed to ensuring that this clinical freedom is retained within the parameters of good practice.

1. The practice of chiropractic includes:

- (a) An appropriate assessment of a patient's general health to determine whether chiropractic care is suitable for the patient.
- (b) A comprehensive examination to determine the cause, or causes for the patient's specific complaint(s), or the need for referral.
- (c) A comprehensive diagnosis.
- (d) An appropriate management plan under chiropractic or collaborative care.
- (e) Health promotion.

2. The British Chiropractic Association:

- (a) Supports the rights of practitioners to follow a diversity of practice modes.
- (b) Represents mainstream professional opinion in the international arena.
- (c) Proposes legislative change for the benefit of its members, the profession at large, its patients and the general public."

B. Title: *Complementary medicine: information pack for primary care groups*

Authors: Department of Health, National Health Service Alliance and National Association of Primary Care

Date: June 2000

Publication: unpublished monograph

Commissioned by the Department of Health, National Health Service Alliance and National Association of Primary Care

Method: Literature and policy review. To provide information describing common forms of complementary and alternative medicine (CAM) in the UK, including chiropractic.

Findings

- 1. Chiropractic, with acupuncture, herbal medicine, homeopathy, massage, naturopathy, nutritional therapy and osteopathy, is listed as an example of complementary therapy under the Cochrane Collaboration definition of complementary and alternative medicine as "a broad domain of human resources that encompasses all health system modalities and practices and their accompanying theories and beliefs other than those intrinsic to

the politically dominant health systems of a particular society or culture in a given historical period.”

2. Chiropractic is described as follows:

- (a) “Chiropractic diagnoses and treats mechanical disorders of the joints, muscles and ligaments of the body by manual adjustment. Laboratory tests and x-rays are sometimes used as an aid to diagnosis. Chiropractic is based on the premise that dysfunction of the spine, pelvis and extremity articulations may disturb associated nerve function. This in turn may lead to specific types of pain syndromes, and in some cases, ill health. If a patient is deemed suitable for chiropractic care, treatment will consist mostly of specific manipulation adjustments.”
- (b) There is positive evidence of the effectiveness of both chiropractic and spinal manipulation for back pain, neck pain, back pain associated with dysmenorrhea and headaches.
- (c) Chiropractors are trained to a high standard in the use of manipulative treatment and other supportive measures, as well as in diagnosis for the exclusion of underlying disease — including the use of radiology.

C. Title *A survey of chiropractors in the United Kingdom*

Author Wilson FJH

Date 2003

Commissioned by private research

Publication peer reviewed journal: European Journal of Chiropractic 2003:50:185-198

Method A January/February 2000 survey of all 1418 active and semi-active chiropractors in the UK, with a response rate of 58% (816). These included members of the British Chiropractic Association (BCA) and Scottish Chiropractic Association (SCA), educated at accredited colleges, and members of the British Association for Applied Chiropractic (BAAC) and McTimoney Chiropractic Association (MCA), educated at unaccredited colleges but grandparented to practise in the UK.

Findings

- 1. Asked whether they saw their role as that of a diagnostician and/or therapist, 55% considered themselves diagnosticians and 71% considered themselves therapists. However, educational background was

important — 79% of BCA members saw themselves as diagnosticians but only 14% of MCA members did. 88% and 85% of BAAC and MCA members, respectively, saw themselves as therapists.

2. A strong majority considered the management of musculoskeletal conditions (99%), the management of organic or visceral conditions (69%) and the management of children (98%) to be within the scope of chiropractic practice. 56% considered the management of animals to be within scope of practice, and 10% actually treated animals. This number was actually higher (34%) for members of the BAAC.
3. 36% agreed that “chiropractors should be allowed to prescribe medication on a restricted basis (eg mild analgesics, INSAIDS and muscle relaxants).”
4. “The typical chiropractor frequently treated musculoskeletal conditions, and sometimes treated organic and visceral conditions. Problems of spine-related origins were most frequently seen ... Chiropractors frequently gave advice about therapeutic exercise and activities of daily living (such as ergonomic advice) and sometimes gave emotional or social counselling.”

IX. USA

A. Title: *Use of chiropractic services from 1985 through 1991 in the United States and Canada*

Authors: Hurwitz EL, Coulter ID, Adams AH, Genovese BJ, Shekelle PG

Date: 1998

Commissioned by: RAND Corporation

Publication: Peer reviewed journal - Am J Public Health 1998; 88(5):771-776.

Method: Clinical records review to extract demographic and clinical information on chiropractic practice in North America from 131 randomly selected chiropractic offices in 5 representative North American centers (San Diego, Portland, Vancouver, Minneapolis-St. Paul and Miami in the US, and Toronto in Canada). Researchers reviewed files of 10 randomly selected patients in each practice.

Findings

1. Chiropractic patients tended to be between 30 and 50 years old, with a nearly equal distribution of females and males.
2. Approximately 80% of patients had third party reimbursement, with 20% being cash or self-paid patients.
3. The most common reason for seeking chiropractic care was low-back pain (68%). Other most common reasons were neck/face pain (40%), mid-back pain (19%), extremity pain (19%) and headache (7.5%).
4. Fewer than 1% were given diagnoses for non-musculoskeletal conditions such as asthma and otitis media.

B. Title: *The chiropractic patient in rural, health professional shortage areas of the United States: an exploratory Analysis*

Authors: Research Dimensions Inc.

Date: December 1994

Commissioned by Foundation for Chiropractic Education and Research

Publication: Unpublished monograph

Method: Survey of 10 consecutive patients for each of 257 chiropractors in rural areas, with a response rate of 148 chiropractors (58%) and 68% of their patients.

Findings

1. Rural chiropractic patients in medically under-served areas are demographically different than the overall US chiropractic patient population.
2. Such patients are much older, more likely to be married and more predominantly female.
3. An overwhelming majority (96%) were in pain when they first sought chiropractic treatment – most commonly lower back pain (67%), neck pain (49%), upper back pain (32%), headaches (31%), shoulder pain (30%), hip pain (23%) and pain in the legs (22%) or arms (13%).
4. A significant number subsequently received, and continued to seek as part of their chiropractic care, wellness adjustments, counselling related to nutrition and stress management.
5. “The vast majority” were satisfied with their chiropractic care but approximately half had no third party coverage or coverage for less than half the treatment costs from third parties.

C. Title: *The new millennium chiropractor: a trend forecast for the chiropractic profession*

Authors: The Trends Research Institute

Date: 1996

Commissioned by Foundation for Chiropractic Education and Research

Publication: Unpublished monograph

Method: Trend forecast by consultants analyzing current information on the profession and factors affecting the health care marketplace in the US.

Findings

1. Three chief problems facing chiropractic are managed care, political positioning and public image.
2. With respect to public image "chiropractors tend to be regarded by the public as specialists within a narrow range of clinical practice" related to musculoskeletal disorders and the profession should expand its range in terms of public image.
3. "Just as the average person automatically associates the optometrist with eyes, the dentist with teeth, the podiatrist with feet, and the chiropractor with back pain, so he or she should come to associate the chiropractor with weight management and vitamin counselling as well" for the reasons indicated in the report.

D. Title: *The future of chiropractic: optimizing health gains*

Authors: Institute for Alternative Futures

Date: 1998

Publication: Monograph

Commissioned by NCMIC Insurance Company

Method: Literature search and in-depth expert interviews with chiropractors, other health care professionals, third party payors, health care analysts, etc.

Findings

1. Insights

- (a) Complementary and alternative approaches (CAAs), including chiropractic, will be increasingly integrated into conventional medical protocols.
- (b) Chiropractic and other CAAs will become major tools for health promotion and prevention.
- (c) Chiropractors and other CAA providers will become recognized as primary care providers funded by the dominant health care systems.
- (d) Use of chiropractic manipulation by conventional providers and others will increase.

2. **Recommendations**

- (a) The chiropractic profession lacks but needs a shared vision. Identity and vision need to be clarified to succeed in the increasingly competitive marketplace.
- (b) The profession must determine its role in primary care, engage managed care, champion health promotion and enable chiropractors to practise more broadly using various CAAs.
- (c) There must be aggressive promotion of data collection justifying and supporting what chiropractors do, including routine wellness visits.
- (d) The profession must work to overcome a negative image among many consumers and health care executives, which is limiting the potential of the profession.
- (e) Reasonable scenarios for the future of the profession range from great success to very hard times. Success or failure is in the hands of chiropractors themselves — the start must be a shared vision.

E. Title: *How chiropractors think and practice: a survey of North American chiropractors*

Authors: McDonald W, Durkin K et al.

Date: 2003

Publication: Monograph

Commissioned by Institute of Social Research, Ohio Northern University.

Method: Mailed survey to representative sample of 1102 chiropractors in the US, Canada and Mexico

Findings

1. Even though chiropractors use different labels to describe their philosophy and practice, they actually have “super majorities” on how they think and practise. There is much more unity than old stereotypes suggest.
2. Over 90% think that, apart from adjustive care, the scope of practice of chiropractic should include home and clinic-based exercises, physical therapy modalities, recommendations on natural health products such as vitamins and minerals, and recommendations on orthotics, pillows, collars and supports.
3. A large majority agree that, with appropriate training, chiropractors should provide homeopathic medicine (82.1%) and acupuncture (76.8%).
4. There is less agreement on, but still clear majorities in favour of, hospital admitting privileges (74.2%) in-house lab (68.2), manipulation under anesthesia (67.2%), casting (62.0%) and venipuncture (60.6%).
5. Greatest disunity of opinion relates to the use of prescription drugs. Approximately 1 in 2 support chiropractors writing prescriptions for over the counter drugs (54.3%) and musculoskeletal medicines (48.8%).
6. Approximately 9 in 10 confirmed that the profession should retain the term “vertebral subluxation complex” (88.1%) and that the adjustment should not be limited to musculoskeletal conditions (89.8%). Subluxation is rated as a significant contributing factor in 62.1% of visceral ailments.
7. North American chiropractors are “less defensive, less absolutist and less polemic than the stereotype”. They are “pragmatic ... and more capable than ever of participating in an interdisciplinary health care environment.”

F. Title: *Chiropractic in the United States: trends and issues*

Authors: Cooper RA and McKee HJ, Medical College of Wisconsin

Date: 2003

Publication: Milbank Quarterly, a Journal of Public Health and Health Care Policy (Vol 81 No 1 2003: 107-138)

Commissioned by the Milbank Quarterly

Method: Literature search, including 500 credentialing reports submitted by chiropractors to a large US national chiropractic network between 1993 and 1997 (randomly drawn from the 11,000 members of the network).

Findings

1. Despite new levels of legitimacy and prominence and various current signs of success, the future of chiropractic seems uncertain. This is because of the pressures of a changing marketplace, which includes managed care restrictions, the need for evidence-based practice and rapidly expanding competition from acupuncturists and massage therapists.
2. In response, the chiropractic profession is expanding beyond its traditional forms of treatment, reaching more deeply into alternative medicine and primary care, and more aggressively marketing natural products and devices.
3. Most chiropractic patients have low-back or neck pain and evidence of effectiveness is not strong — for chronic pain it is “inconclusive” and stronger evidence is needed.
4. In the important area of headaches there is moderate evidence of a short-term effect but evidence is at least as good for massage alone.
5. Although chiropractic claims are made with respect to viscerosomatic disorders there is little evidence to support effectiveness. The more personal and holistic approach to patients, and resulting high levels of patient satisfaction, are a strength but a similar philosophy and strength are shared with acupuncturists, naturopaths, osteopathic physicians, midwives and others. Conflict in the profession, illustrated by the Mercy Center and Wyndham Guidelines, makes it difficult for the chiropractic profession to present “a credible face to the public”.
6. Within the profession there is a move by some towards a wider primary care role, including screening, prevention, health promotion, counselling and coordination of care. Challenges faced by the profession here include questionable qualifications, inability to prescribe pharmaceuticals or perform minor surgery, restrictions from private insurers and competition from nurse practitioners and physician assistants whose training and services more fully meet the needs of primary care.
7. One natural avenue for chiropractic is a broader role in alternative care, including massage therapy (now provided directly or indirectly by 85% of DCs) and the use of natural products. However, there is uncertainty about the capacity of CAM to absorb significant growth of chiropractic given the competition, and dangers for chiropractors “in moving too far from their core of special knowledge.”
8. Now that chiropractors are in the reimbursed world of health care, they must prove “their quality, effectiveness and value”.

G. Title: *Chiropractic – primary care, neuromusculoskeletal care, or musculoskeletal care? Results of a survey of chiropractic college presidents, chiropractic organization leaders, and Connecticut-licensed doctors of chiropractic*

Authors: Duenas R, Carucci GM, Funk MF, Gurney MW

Date: 2003

Commissioned by Connecticut Chiropractic Association

Publication: Peer reviewed journal - J Manipulative Physiol Ther 2003; 26:510-523.

Method: Literature review and surveys, including a survey of Connecticut's 674 licensed doctors of chiropractic, with a response rate of 200 (30%), assessing their views on the chiropractor as a primary care provider (PCP) or neuromusculoskeletal provider (NMSP). Various definitions of PCP were given.

Findings

9. The great majority (84%) agreed that a chiropractor was qualified as a PCP, and was not an NMSP only (83%). Only 12% considered a chiropractor to be an NMSP only.
10. The majority agreed that they practised in both roles, typically as a PCP 1– 49% of the time and as an NMSP 50-99% of the time.
11. Asked what discipline should be available as PCPs in the American health care system, the great majority (76%) thought patients should have the option of having both MDs *and* DCs as their PCPs, whereas a minority 22% thought patients should have either an MD *or* a DC.
12. This survey focused on whether or not chiropractors were qualified to serve as PCPs and in fact did so from their perspective, rather than the perspectives of the public and others in the health care system. It was acknowledged that chiropractors did not fulfil some of the criteria of current accepted definitions of a PCP in America.

H. Title: *Report of the Department of Veterans Affairs Chiropractic Advisory Committee*

Authors: The Committee

Date: September 2003

Commissioned by Department of Veterans Affairs (VA)

Publication: Unpublished monograph, but available online at www.chiroweb.com/va

Method: Expert report of multidisciplinary committee with chiropractic, medical, osteopathic and physical therapy members. The Committee was charged to advise the VA on protocols governing the introduction of chiropractic services to VA facilities, services limited legislatively to evaluation and care for neuromusculoskeletal conditions, including the subluxation complex.

Findings

1. **Integration into primary care setting or service line.** This was the first of three recommended models depending upon the nature of the VA facility concerned. The DC would be physically located within the primary care area and would see patients either on referral from another primary care provider (PCP) or directly. In the latter case the DC may become the principal provider of care for patients whose chief complaint is neuromusculoskeletal.
2. **Integration into a specialty service or service line with liaison to primary care.** Under this model the patient presents to a PCP, the DC is paged and evaluates the patient, both providers work collaboratively.
3. **Integration into a specialty service or service line without specific liaison to primary care.** The DC is organizationally placed in a specialty service or service line that provides a majority of specialty care to patients with neuromusculoskeletal conditions. The DC becomes part of the specialty team, which includes the coordinated work of many different professionals.