



Issue 18 March 2008

Dear Registrant

As this is the first Newsletter for the 2008 I hope all registrants and their families had an enjoyable Christmas and are looking forward to a prosperous New Year ahead.

In the months preceding the Christmas break the Board was busy updating and formulating a number of guidelines designed to assist practitioners in avoiding complaints from the public.

The most recently published guidelines pertain to the use of Surface Electromyography (EMG), Advertising and Continuing Professional Development. These guidelines will soon be available from the Board's Website <http://www.chiroreg.vic.gov.au> and will be sent out with the next Newsletter.

The Board has also made a minor change to its Spinal Screening Guidelines. It is the Board's view that there could possibly be a conflict of interest where the practitioner conducting the spinal screening also offers to provide treatment for the individual undergoing the spinal screening. As such the following clause has been added to the guidelines ***"It is not appropriate for health professionals who conduct public screenings to offer to provide intervention for identified problems – this represents a clear conflict of interest"***.

Also, for some time the Board has been working on guidelines for chiropractic radiography. As you would appreciate the formulation of guidelines on this topic is extremely difficult and complex. However, the recent publication in the Journal of Manipulative and Physiological Therapeutics (JMPT) of a paper entitled, Diagnostic Imaging Practice Guidelines for Musculoskeletal Complaints in Adults – An Evidence-Based Approach: Introduction, (1) will be of some assistance in this process.

Information and Contacts

If you are unsure or require further information on any topic, please contact the Registrar on:

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The Board has a home page on the Internet, the address is:

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The authors of this paper conducted an extensive literature review and then produced some draft guidelines, which were then sent to 12 chiropractic specialists for external review. A modified Delphi process was then undertaken seeking a consensus and recommendations from 149 international experts. The proposed recommendations were finally tested on field practitioners and on a group of specialists in chiropractic and medicine from both Canada and the United States. The current guidelines do not address the routine use of xrays for biomechanical assessment of the spine and the consequent risks of low dose ionising radiation but these issues will be tackled in a forthcoming publication.

As you can imagine certain sections of the chiropractic community took great exception to the publication of these guidelines, as they felt that their implementation would adversely affect, amongst other things, a chiropractor's ability to detect vertebral subluxations via plain film radiography. Comments such as "The guideline fails to address the use of spinography for subluxation assessment. As such, the proposed guideline is of limited value" and "None of these guidelines are applicable to the practicing of chiropractic." and "There is no allowance for wellness and prevention and spinal hygiene".

However, it must be remembered that these guidelines are based on the best available evidence and on a consensus of experts and no matter how loud certain chiropractors protest that evidenced based practice (EBP) does not apply to them, EBP is here to stay. This point was re-enforced to this Board by the Minister for Health, the Hon. Daniel Andrews, during his recent visit to meet and talk to this Board and while EBP has its limitations it is by far the best option at this point in time.

In the same issue of JMPT that these guidelines are published Dr. James Winterstein DC has written an excellent Editorial on "Evidence-Based Medicine: Best Practices and Practice Guidelines" (2). As Dr. Winterstein points out, health and healing have become more sophisticated and more complex and this complexity has been further affected by third party payers who may tend to restrict certain practices via various guidelines. However, Dr. Winterstein recognises that this is a reality of the society we live in and in the best interests of our profession and our patients we must "develop practices and procedures that are grounded in accepted epistemology of our time". Dr. Winterstein then outlines Charles Pierce's 4 methods by which humans "fix their beliefs". Although Piece wrote "The fixation of belief" in 1877 his opinions are still applicable today:

1. The method of tenacity – I know this is true because I believe it to be true, therefore it must be true.
2. The method of authority – I know this is true because someone in authority says it is true, therefore it must be true.
3. The priori method – I believe this is true because it stands to reason, or it makes sense, therefore it must be true.
4. The method of science – I believe this is true because an objective process, separate from my way of thinking, demonstrates that this is true, therefore I believe it must be true.

As Winterstein states " We know that scientific experimentation is fraught with various pitfalls, but as an epistemological method, it is far superior to the first three. It brings a stronger sense of "rightful probability" to the question....."

Like the radiographic guidelines, the publication by this Board of various guidelines may also be viewed by some as impinging on their right to practice as they see fit. This profession fought long and hard to gain recognition and legitimacy via government registration. Registration paved the way for many of the benefits the profession now takes for granted. Without the privilege of registration it would be impossible to achieve publicly funded chiropractic educational programs, acceptance by governments of chiropractic as a recognised health discipline and payment by third party payers for chiropractic services, including Medicare. However, with that privilege came a responsibility. That responsibility not only extends to the legislators and third party payers but to the public who utilise our services. In this context, it must be remembered that the over arching purpose of the Act is, "to protect the public".

Whether it be through guidelines that adopt the principles of EBP or restrictions on advertising or contracts of care, it is incumbent on this and any other regulatory health board to administer and interpret the Act, in keeping with the legislation and accepted standards of the day.

Kind Regards,

John Reggars
PRESIDENT

References

1. Bussieres AE, Peterson C, Taylor JAM. Diagnostic imaging practice guidelines for musculoskeletal complaints in adults – An evidence based approach: Introduction. J Manip Physiol Ther 30(9);2007:617-683
2. Winterstein J. Evidence-based medicine: Best practices and practice guidelines. J Manip Physiol Ther 30(9);2007:615-617

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