



**CHIROPRACTIC SCIENCE AND PRACTICE  
IN THE UNITED STATES:**

**A REPORT TO THE WHITE HOUSE COMMISSION ON  
COMPLEMENTARY AND ALTERNATIVE MEDICINE  
POLICY**

**ON BEHALF OF**

**THE INTERNATIONAL CHIROPRACTORS  
ASSOCIATION**

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## Appendix A: A Summary of Studies on Benefits from Chiropractic Care

### PREFACE

**T**he International Chiropractors Association (ICA) welcomes this important opportunity to offer comment and information on the status of the chiropractic profession in the dynamic, complex and increasingly competitive health care marketplace in the United States. Chiropractic has had more than a century to explore the potential as well as the limitations of its science and to find its place in the educational, regulatory, and health care delivery, administration and funding systems in the United States and in many other nations around the world. The experience of the chiropractic profession holds important lessons and experiences which other approaches to health and healing might benefit.

The International Chiropractors Association is grateful to the White House Commission on Complementary and Alternative Medicine for providing this opportunity to share information and perspectives on emerging alternatives in the health care system. We hope this dialogue will be expanded and extended in every possible direction, all to better serve the consumer and to foster an environment of objective exploration and research on emerging health care procedures.

The material contained in this initial paper attempts to summarize some of the basic components of chiropractic science and practice. It focuses on the unique nature of chiropractic as a profession because of the need to fully understand the separate and distinct nature of chiropractic science and practice. A wealth of literature exists to support and amplify every aspect of this initial discussion. ICA looks forward to a positive and serious exploration of the ways and means to fully integrate the widest possible range of health care choices into the fabric of our nation's public and private health care options.

We believe that the contents of this paper address in a systematic and well-referenced manner the questions set forth by the Commission to guide the discussion on this important series of public policy issues. One important question, however, will be the subject of debate and discussion for the next century. That question, as posed by the Commission in its call for information, states:

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***What policy recommendations would you like to make to assure the quality of CAM (complementary and alternative medicine) practices and products whether they are provided by a practitioner or used as self care?***

The International Chiropractors Association (ICA) would, on the basis of the experience of the chiropractic profession, offer the following points:

- A. The research and exploration of alternative and complementary procedures, at appropriate objective standards, must be a priority for all emerging approaches to health care. The funding of such research should, however, be a high public policy priority. Traditional, entrenched interests have, in the case of chiropractic, argued against the inclusion of chiropractic care in public health programs because of insufficient research data. At the same time, for anti-competitive reasons, those same interests lobbied aggressively to prevent public funding for chiropractic research. Other sciences and health procedures should have the benefit of objective, timely and publicly funded research to explore their full potential and to identify their limitations.**
  - B. Every consumer is entitled to full and honest information about any new health procedure. Clarity and accuracy in describing new technologies and health procedures is essential for the protection of the public and the honest evaluation of such procedures in the outcomes process. Public guidelines regarding disclosure and the making of health care effectiveness claims should be a high priority, especially in cases where practitioners of emerging procedures may not be certified or licensed in the civil regulatory process.**
  - C. Public information agencies at the federal and state level should be mobilized to serve as responsible, objective information resources for consumers of health care choices. The utilization of the Internet and other public health information and outreach systems for purposes of informing citizens on new health research findings, choices and concerns would certainly be in the best interests of all parties, provider and consumer alike.**
  - D. Standard trial and pilot study procedures should be developed to study and, if results are positive, integrate new technologies and procedures into federal health care programs such as Medicare, Medicaid, Federal Employee Health Benefits**
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**Programs, veterans care and other health care funding and delivery programs.**

**E. Guidelines for the incorporation of emerging health procedures and technologies into private health insurance should be developed on a national level.**

**These key points would help to provide a climate of objective and timely evaluation of health procedures to the maximum benefit of the consumer and those public and private systems of health care funding and administration that are and will continue to be under severe financial pressure to provide the highest quality care at the lowest possible price. The present system is heavily weighted towards hospital and institutional based, orthodox medical care, anchored in surgery and drug therapy, and increasingly radical, end-stage interventions. This system must be altered to remove the inertia and, too often, sheer prejudice and medical bias that has obstructed the exploration of alternatives. The ultimate issue is quality of life. In the decisions that consumers may make, the widest possible range of choices is the best guarantee of optimal care.**

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# **CHIROPRACTIC SCIENCE AND PRACTICE: AUTHORITIES AND DEFINITIONS**

## **OVERVIEW**

Chiropractic is a very specific health care science applied by doctors of chiropractic who practice under an extensive body of authorities. These authorities have evolved over more than a century of legislative and judicial development, educational growth, practical experience and professional consensus. Like other first professional degree holders, the doctor of chiropractic is a carefully regulated professional who must qualify on a number of levels to obtain the right to practice. This overview outlines the exact nature of the authorities under which contemporary doctors of chiropractic practice and sets out those basic definitions that explain and delineate the essential elements of the science and its practice.

Chiropractic science is an approach to human health that was developed through extensive anatomical study in which the elements of the human system, particularly the spine and nervous system continue to be examined in an effort to understand the relationship between the state of those anatomical elements and optimal human health. The basic premise of chiropractic science is that abnormalities and misalignments of the spine, defined as subluxation(s) in chiropractic science, can and do distort and interrupt the normal function of the nervous system and may create serious negative health consequences. The correction and/or reduction of subluxation(s) through the adjustment of spinal structures can remove nervous system interference and restore the optimal function of the body. Essential to basic

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chiropractic theory is the concept of the inherent ability of the human body to effectively maintain optimal health, comprehend the environment and function in a normal manner. This concept is important since chiropractic perceives spinal subluxation(s) as barriers to normal function and obstacles to the body's innate intelligence.

Chiropractic science is largely based on anatomical study and human systems functions. Chiropractic scientific observations are compatible with and support the chiropractic philosophy. Chiropractic philosophy represents the unique chiropractic approach to health and healing.

Chiropractic has enjoyed over a century of lively and serious scientific and conceptual debate. The chiropractic profession has benefited enormously from this on-going, self-examination and reality testing based on the scientific and research record. The outcome of those years of critical evaluation and debate, which remain on-going, has been a strong consensus regarding the nature of chiropractic science and practice and the key definitions that set chiropractic apart as a distinct, unique health care science and practice. This consensus is best depicted by the unanimous adoption of a paradigm statement by the Association of Chiropractic Colleges, International Chiropractors Association, American Chiropractic Association, Federation of Chiropractic Licensing Boards, Council on Chiropractic Education, the National Board of Chiropractic Examiners and the Congress of Chiropractic State Associations. This paradigm statement reads as follows:

Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery.

*The practice of chiropractic focuses on the relationship between the structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.*

## **THE CHIROPRACTIC PARADIGM**

### **Purpose**

The purpose of chiropractic is to optimize health.

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## **Principle**

The body's innate recuperative power is affected by and integrated through the nervous system.

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## **Practice**

The practice of chiropractic includes:

- establishing a diagnosis;
- Facilitating neurological and biomechanical integrity through appropriate chiropractic case management; and
- promoting health.

## **Foundation**

The foundation of chiropractic includes philosophy, science, art, knowledge, and clinical experience.

## **Impacts**

The chiropractic paradigm directly influences the following:

- education;
- research;
- health care policy and leadership;
- relationships with other health care providers;
- professional stature;
- public awareness and perceptions; and
- patient health through quality care.

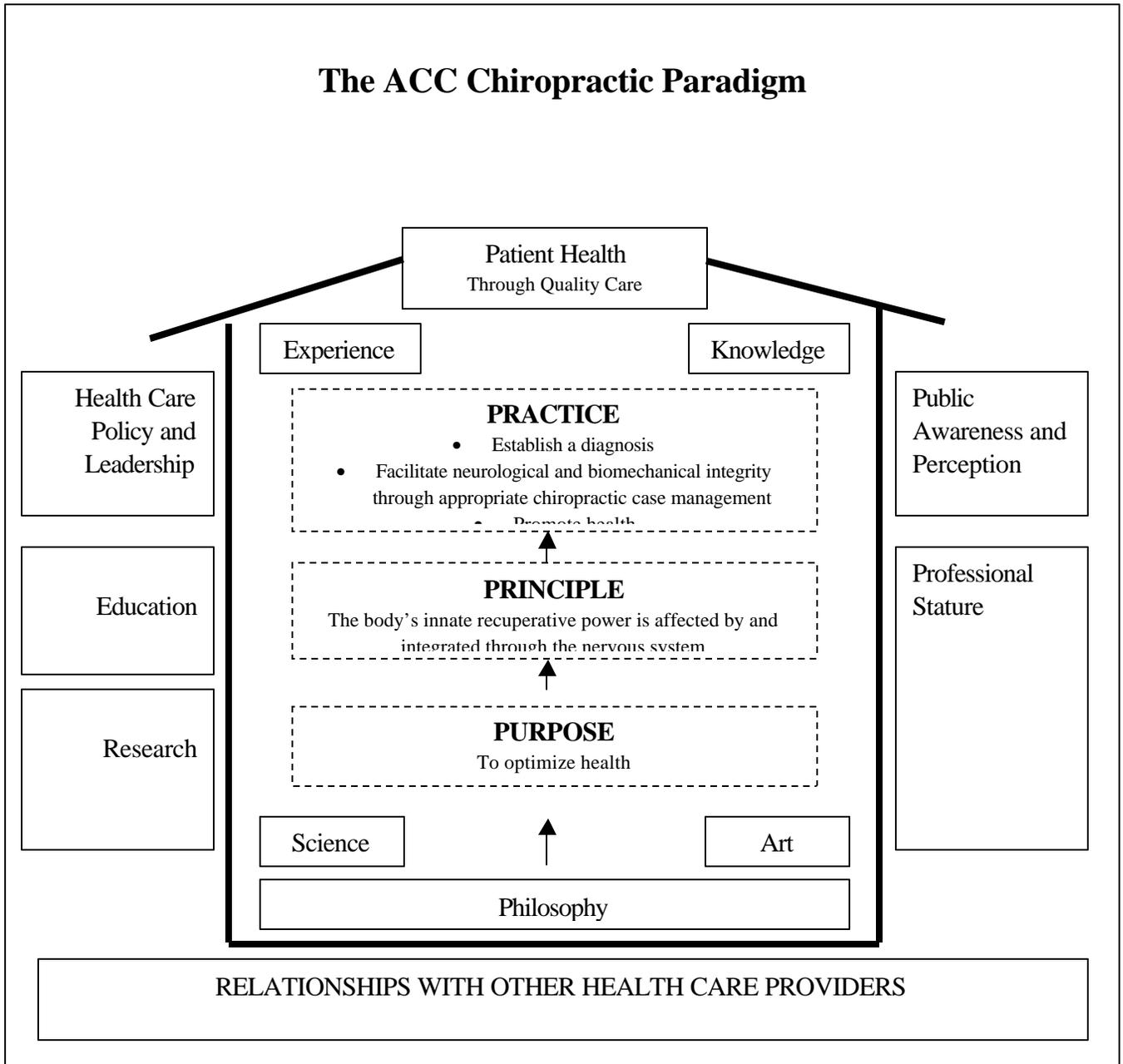
## **The Subluxation**

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation.

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## The ACC Chiropractic Paradigm





A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.

## **CHIROPRACTIC EDUCATION**

To obtain a license to practice chiropractic in any of the 50 states requires the degree of doctor of chiropractic from an accredited chiropractic educational institution or program. Chiropractic educational standards are strict and demanding, requiring study in the basic sciences comparable to medical, dental and osteopathic curricula. This education consists of four or more years of full-time, in-residence study is required in human anatomy, physiology, biomechanics, chiropractic diagnosis/analysis, adjustive techniques, public health issues and chiropractic philosophy.

Chiropractic college students must complete a rigorous and uniquely specialized program of classroom and practical training that includes more than 2,000 hours of study of the anatomy, dynamics and biomechanics of the human spine and the nature and components of the spinal subluxation complex. No other health care professional devotes this level of serious scientific study to the human spine. A detailed examination of the curricula offered by federally accredited chiropractic institutions illustrates the uniqueness of chiropractic and the highly specialized nature of chiropractic professional education.

Chiropractic students are thoroughly trained in the appropriate use of sophisticated diagnostic technology including imaging procedures such as x-ray, thermography, video-fluoroscopy, magnetic resonance imaging and other state-of-the-art investigative technologies and procedures. The capacity to evaluate the health care needs of the chiropractic patient, including appropriate referrals to other health professionals when necessary, is an important objective of chiropractic education.

Chiropractic education is designed not only to impart scientific knowledge, but to develop clinical skills and proficiencies that “represent those minimal skills a candidate should demonstrate when presenting for licensure after completing the educational program.” These areas of clinical competency include the taking of patient histories, physical examinations, imaging studies, chiropractic analysis/diagnosis or clinical impressions, referral, care plans, spinal adjusting, case follow-up, record keeping and others.

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Nearly 14,000 students attend the 16 chiropractic colleges accredited by the Commission on Accreditation of the Council on Chiropractic Education (CCE), according to 1999 data. The Commission on Accreditation is recognized by the U.S. Department of Education. The standards adopted by the Council on Chiropractic Education, "indicate the minimum education expected to be received in the accredited institutions that train students as chiropractic primary health care providers." CCE standards were developed as a measure of the quality of programs offered by chiropractic institutions.

CCE standards were developed to reflect the needs of chiropractic professional education and the broad consensus that has evolved regarding chiropractic professional instruction. Chiropractic education, even prior to the existence of the CCE, offered professional instruction sufficient to meet the requirements for licensure in the various states. The forward to the "Standards for Chiropractic Institutions" of the CCE defines the role of a doctor of chiropractic and his/her professional education as follows:

*"A Doctor of Chiropractic is a physician whose purpose is to help meet the health needs of the public as a member of the healing arts. He/she gives particular attention to the relationship of the structural and neurological aspects of the body and is educated in the basic and clinical sciences as well as in related health subjects. Chiropractic science concerns itself with the relationship between structure (primarily the spine), and function (primarily coordinated by the nervous system), of the human body as that relationship may affect the restoration and preservation of health."*

*"The purpose of his/her professional education is to prepare the doctor of chiropractic as a primary health care provider; to provide the students with a base of knowledge sufficient for the performance of his or her professional obligations as a doctor of chiropractic. As a portal of entry to the health delivery system, the doctor of chiropractic must be well educated to diagnose for chiropractic care, to provide chiropractic care, and to consult with, or refer to, other health care providers as indicated."*

Most CCE accredited chiropractic colleges have sought to further demonstrate their academic strength by qualifying for recognition and accreditation by regional accrediting agencies. For example, Life University in Marietta, Georgia, is accredited by the Southern Association of Colleges and Schools; and Palmer College of Chiropractic in Davenport, Iowa, is accredited also by the North Central Association of Colleges and Schools.

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## THE LEGAL ESTABLISHMENT OF CHIROPRACTIC

The practice of chiropractic is a privilege authorized by the legislatures of the various states under the authorities reserved to the states in the U.S. Constitution. The realities of chiropractic practice flow from this legal establishment, and, ultimately, in every instance, the doctor of chiropractic will be held accountable to such provisions, statutes and regulations as have been established by state law. Any attempt to encode professional practice guidelines for the chiropractic profession must begin with a thorough, objective examination of this legal establishment and reflect the realities, authorities and limitations contained therein.

The legal development of chiropractic began shortly after the initial articulation of chiropractic principles and, by the 1920s, chiropractic was well on the way to formal legal recognition and regulation through licensure in numerous states. The first law passed by a state legislature authorizing and regulating the practice of chiropractic as a separate and distinct health care profession was in Kansas on March 20, 1913. This action was followed in quick succession by the legislature of North Dakota in that same year, and by Arkansas, Oregon, Nebraska and Colorado, by 1915. This represented the beginning of a recognition process that was not completed until 1974 when Louisiana finally adopted a chiropractic licensure law.

The statutes governing the practice of chiropractic are worded similarly in every state. All states statutes have recognized chiropractic as a primary contact health care profession applying its unique science and procedural approach to health care. Common to all state statutes is an emphasis on the spinal adjustment procedure and such diagnostic activities as are necessary to properly perform this function and to protect the public. A second common thread running through the legal mechanisms establishing chiropractic is the drugless and non-surgical nature of chiropractic science. Chiropractic like podiatry, dentistry, and optometry exist as a legal exception to the practice of medicine with its own area of application and clinical expertise care of the articulations of the human frame, particularly the spine, through the application of chiropractic adjustments, etc. as a science and art.

The status of the doctor of chiropractic, as established by statute, training and experience, includes the ability and authority to evaluate the general health status of an individual for certification purposes, in the context of a required physical for school, employment, sports and, as federally authorized, approval to operate heavy transportation machinery. The U.S. Department of Transportation authorizes DC's to perform physical examinations for long-distance truck drivers, etc.

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Such physicals are a routine part of chiropractic practice. The clinical competence to perform such evaluations and through standard health status measures such as blood pressure, heart rate, etc. , make a statement about the general health of an individual does not necessarily include an obligation or authority to develop a full-body medical diagnosis or to perform procedures outside the recognized scope of chiropractic. In the presence of abnormal findings in the course of routine physical examinations for specific purposes, such as those cited above, the DC follows the standard chiropractic care pathways as described in chapter 2, making such care decisions (including referral) as are clinically indicated on an individual basis.

Doctors of chiropractic are also obligated to perform certain public health functions that are common to all primary contact, doctor level health care professionals. Many state laws obligate the doctor of chiropractic to report child abuse, spouse abuse, certain communicable diseases and other findings to public health authorities. Likewise, the doctor of chiropractic may have responsibilities under state laws and regulations to take action in the presence of substance abuse.

The process by which the several state legislatures developed statutory language and authority for the practice of chiropractic have been very specific in identifying chiropractic as a branch of the healing arts that is separate and distinct from all others. In particular, statutes tend to be especially clear and specific in identifying chiropractic as a practice apart from, distinct from and not the practice of medicine. The following citations from a number of current state statutes convey this distinct, "not medicine" element in chiropractic's legal establishment:

**Idaho:** *Chiropractic practice, as herein defined is hereby declared not to be the practice of medicine...*(Idaho Code Title 54, Chapter 7: 54-704 Chiropractic practice, No. 3.)

**Kentucky:** *The practice of chiropractic shall not include the practice of medicine or osteopathy...* (Kentucky Revised Statutes Annotated Title XXVI Chapter 312: 312.015 Definitions for Chapter, No. 5.)

**Maine:** *"...and chiropractic is declared not to be the practice of medicine, surgery, dentistry or osteopathy."* (Maine Revised Statutes Annotated, Title 32 Chapter 9, Subchapter 1, 451.Definitions)

**Maryland:** *Except as otherwise provided in this title, "practice*

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*chiropractic" does not include the use of drugs or surgery, or the practice of osteopathy, obstetrics, or any other branch of medicine. (Annotated Code of Maryland Title 3, Subtitle 1 section 3-101. Definitions, (f)(3).*

**Minnesota:** *The practice of chiropractic is not the practice of medicine, surgery, or osteopathy. (Minnesota Statutes Annotated Health Chapter 148, Sec. 148.01. Chiropractic, No. 2.)*

An enormous body of judicial decisions and opinions, reaching back nearly 100 years, likewise identifies chiropractic as a practice different from medicine. Such decisions reflect the strong positions outlined in statutory languages regarding the separateness of chiropractic. This statutory and judicial record has clarified the status of chiropractic beyond dispute and/or doubt, and has established chiropractic as a science, art, philosophy and practice distinct from and different from medicine.

The other common theme is the legislative guarantee to the chiropractic professional of access to appropriate diagnostic technology. All jurisdictions in the U.S. authorize x-ray applications and a list of other technologies is common in state statutes. Also, there are common limitations, such as the prohibition to the use of x-ray technology for therapeutic, as opposed to diagnostic purposes. Many states have demonstrated through legislation a commitment to arm the DC with diagnostic technologies appropriate to actual practice needs, and to protect the patient.

State laws have clearly established chiropractic as a separate professional endeavor and spell out in considerable detail the parameters of chiropractic practice. The specialized nature of chiropractic is particularly evident when one contrasts chiropractic scope and licensure to the practice of medicine in all its branches.

## **THE STATUTORY ESTABLISHMENT OF CHIROPRACTIC RESPONSIBILITY FOR CLINICAL ACTIVITY RELATED TO THE NERVOUS SYSTEM**

The scopes of practice established by state legislatures are, in most instances, quite specific. Among the core concepts embodied in law is the relationship between the chiropractic adjustment and/or manipulation and the functions of the nervous system.

Most states have enacted statutes that contain specific references to the neurological responsibility of the doctor of chiropractic, relating nerve interference to human dysfunction.

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This nerve interference is recognized by statute to have human health consequences and constitutes the primary chiropractic diagnosis. No state statute requires a patient to present conditions or symptoms other than the finding of such nerve interference to fall within the realm of chiropractic professional competence.

Examples of state statutes that identify caring for the nervous system as a primary responsibility of the doctor of chiropractic include:

**Alabama:** *The term "chiropractic," when used in this article, is hereby defined as the science and art of locating and removing without the use of drugs or surgery any interference with the transmission and expression of nerve energy in the human body. (Code of Alabama 1975 Title 34, Chapter 24, Article 4, Division 1 Section 34-24-120 (a)*

**Colorado:** *"Chiropractic" means that branch of the healing arts which is based on the premise that disease is attributable to the abnormal functioning of the human nervous system. It includes the diagnosing and analyzing of human ailments and seeks the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand, of the articulations and adjacent tissue of the human body, particularly the spinal column. (Colorado Revised Statutes Annotated Title 12, Article 33 Part 1 Section 12-33-102(1)*

**Florida:** *"Practice of chiropractic" means a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which , produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques"(West's Florida Statutes Annotated, Title XXXII, Chapter 460, 8a).*

**Indiana:** *"Chiropractic" means the diagnosis and analysis of any interference with normal nerve transmission and expression, the procedure preparatory to a nd complementary to the correction thereof*

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*by an adjustment of the articulations of the vertebral column, its immediate articulation, and includes other incidental means of adjustments of the spinal column and the practice of drugless therapeutics. (West's Annotated Indiana Code Title 25, Article 10 Chapter 1, 25-10-1-1, Sec 1 (1))*

**Maryland:** *"Practice chiropractic" means to use a drugless system of health care based on the principle that interference with the transmission of nerve impulses may cause disease.*

*"Practice chiropractic" includes the diagnosing and locating of misaligned or displaced vertebrae and, through the manual manipulation and adjustment of the spine and other skeletal structures, treating disorders of the human body. (Annotated Code of Maryland Title 3 Subtitle 1 Section 3-101 (f)(1)(2))*

**Tennessee:** *"Chiropractic" means a system of healing based on the premise that the relationship between the structural integrity of the spinal column and function in the human body is a significant health factor and the normal transmission of nerve energy is essential to the restoration and maintenance of health.*

*The practice and procedures used by the doctor of chiropractic shall include the procedures of palpation, examination of the spine and chiropractic clinical findings accepted by the board of chiropractic examiners as a basis for the adjustment of the spinal column and adjacent tissues for the correction of nerve interference and articular dysfunction. (Tennessee Code Annotated, Title 63 Chapter 4, 63-4-101(a)(b))*

## **THE LEGISLATIVE ESTABLISHMENT OF SUBLUXATION AS AN ELEMENT IN CHIROPRACTIC PRACTICE**

The concept of the subluxation has previously been defined via the consensus paradigm statement quoted above. This clinical element of chiropractic is recognized not only in chiropractic education, literature, philosophy and practice, it is strongly established in both state and federal legislation as a primary element of chiropractic clinical responsibility. These laws also identify the adjustment of the subluxation to restore normal nerve function as a unique

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service not provided by medicine, osteopathy or any other health care discipline.

Many states specifically identify the concept of subluxation in their chiropractic practice statutes. Most states imply an understanding of the subluxation complex by specifying the responsibility of the doctor of chiropractic for adjusting the spine and adjacent tissues for the elimination of nerve interference.

Examples of state statutes that expressly identify the detection of and caring for subluxation(s) as the core of chiropractic practice include:

**Arizona:** *A doctor of chiropractic is a portal of entry health care provider who engages in the practice of health care that includes:*

- *the diagnosis and correction of subluxations, functional vertebral or articular dysarthrosis or neuromuscular skeletal disorders for the restoration and maintenance of health.*
- *Treatment by adjustment of the spine or bodily articulations and those procedures preparatory and complementary to the adjustment including physiotherapy related to the correction of subluxations. (Arizona Revised Statutes Annotated, Title 32, Chapter 8, Article 2 32-925(a), No. 1, 3)*

**Connecticut:** *The practice of chiropractic means the practice of that branch of the healing arts consisting of the science of adjustment, manipulation and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells of the body, which may be a cause of disease, are adjusted, manipulated or treated. (Connecticut General Statutes Annotated Title 20, Chapter 372, Section 20-24, (1))*

**District of Columbia:** *"Practice of Chiropractic" means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health. (District of Columbia Code 1981, Part 1, Title 2, Chapter 33, Subchapter I 2-3301.2(3)(A))*

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**Delaware:** *The practice of chiropractic includes, but is not limited to, the diagnosing and locating of misaligned or displaced vertebrae subluxation complex. (Delaware Code Annotated, Title 24, Chapter 7, 701 b.)*

**Florida:** *"Practice of chiropractic" means a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques...(Florida Statutes Annotated Title XXXII, Chapter 460, Section 460.403 (8)(a))*

**Idaho:** *"Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex. (Idaho Code, Title 54 Chapter 7, 54-704 (1)(a.))*

**Maine:** *Chiropractic. "Chiropractic" means the art and science of identification and Correction of subluxation and the accompanying physiological or mechanical abnormalities. The term subluxation, as utilized within the chiropractic health care system, means a structural or functional impairment of an intact articular unit. Chiropractic recognizes the inherent recuperative capability of the human body as it relates to the spinal column, musculo-skeletal and nervous system. (Maine Revised Statutes Annotated, Title 32, Chapter 9, Subchapter 1 section 451 (1)).*

**Massachusetts:** *"Chiropractic", the science of locating, and removing interference with the transmission or expression of nerve force in the human body, by the correction of misalignments or subluxations of the bony articulation and adjacent structures, more especially those of the*

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*vertebra column and pelvis, for the purpose of restoring and maintaining health.* (Massachusetts General Laws Annotated Part I, Title XVI, Chapter 112, Section 89)

**New York:** *The practice of the profession of **chiropractic** is defined as detecting and correcting by manual or mechanical means structural imbalance, distortion, or subluxations in the human body for the purpose of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.* (Consolidated Laws of New York, Chapter 16 Title VIII, Article 132, Section 6551 (1.)

Other state statutes that define and identify the subluxation specifically include Kentucky, Nevada, New Jersey, Texas, Utah, Vermont, and Washington. These statutes are accessible via the Internet web sites of the various states as well as the ICA website <http://www.chiropractic.org>

While the practice of various health professions is established and regulated by the states, federal statutes and regulations have a powerful and growing impact on health care organization and delivery. The concept of the subluxation is clearly and emphatically recognized in federal statutes in a number of contexts. Indeed, no federal program recognizes chiropractic outside the context of the subluxation.

The federal statutes governing the Medicare program, where chiropractic services have been included since the early 1970's, defines chiropractic and reimbursable chiropractic services as:

*A chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of subsections (s)(1) and (s)(2)(A) of this section and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation demonstrated by X-ray to exist) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided.* (42 USC Sec. 1395x (r)(5).

Medicare extends these concepts in the statute into the regulations governing the program with an express definition:

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*A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist. (42 CFR 482 Subpart B Section 482.12 (7) (c)(1)(v).*

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Federal statutes establishing chiropractic participation in the Medicaid program employ the same terminology as in the general Medicare program. Federal Employee health Benefit Programs recognized chiropractic on terms negotiated between public employee representative committees and various insurance carriers but the federal workers compensation program identifies and defines chiropractic, once again, very specifically to include chiropractors and chiropractic services as follows:

*The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.*

## **THE CHIROPRACTIC ADJUSTMENT: THE CORE OF CHIROPRACTIC PRACTICE**

Without question, the chiropractic adjustment of the spine and its adjacent structures to correct subluxation represents the essence of chiropractic patient care as established by state statute. No less than 38 state statutes specifically employ the term "adjustment" in reference to the procedures applied by the doctor of chiropractic. Most state statutes are very specific regarding the authority of the doctor of chiropractic to apply the adjustment and/or manipulation process to the area of the human spine and its articulations. State statutes recognize that chiropractic science is anatomically very specific to the spine but with broad body implications. No less than 18 state statutes include the concept of manipulation, and in almost every instance it is utilized in addition to the term "adjustment" Clearly, the terms are not meant to be synonymous.

**Colorado:** *"Chiropractic"...includes ...the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand, of the articulations and adjacent tissue of the human body, particularly the spinal column. (Colorado Revised Statutes Annotated, Title 12, Article 33, Part 1: 12-33-102 (1).*

**Connecticut:** *The practice of chiropractic means the practice of that branch of the healing arts consisting of the science of adjustment, manipulation and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells of the body...are adjusted. (Connecticut General Statutes Annotated, Title 20,*

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Chapter 372, 20-24 (1)

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**District of Columbia:** *"Practice of **Chiropractic**" means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine. (District of Columbia code 1981, Part I, Title 2, Chapter 33, s2-3301.2 (3)(A)*

**Georgia:** *"Chiropractic" means the adjustment of the articulation of the human body, including ilium, sacrum, and coccyx...The adjustment referred to in this paragraph and subsection (b) of Code Section 43-9-16 may only be administered by a doctor of chiropractic authorized to do so by the provisions of this chapter. (Code of Georgia, Title 43, Chapter 9; 43-9-1 (2)*

**Idaho:** *"Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuromuscular, neurovascular, neuro-cranial, or neuro-lymphatic reflex technique procedures. (Idaho Code, Title 54, Chapter 7: 540-704 (1)(a)*

## **CHIROPRACTIC: A DRUGLESS SCIENCE**

In the legislative process that established chiropractic and in the subsequent regulatory procedures that amplify and implement legislative directives, chiropractic is often defined by what is included within the professional scope of chiropractic practice as well as what is expressly prohibited. Among the prohibitions that characterize chiropractic is the absence of authority to prescribe or administer drugs. All fifty states expressly prohibit the prescription or administration of federally controlled substances by a doctor of chiropractic. No state authorizes the doctor of chiropractic to administer or prescribe anesthesia, vaccines or serums or radioactive substances for therapeutic purposes. State statutes tend to be quite specific in this area as is shown in the excerpts from state statutes presented below.

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**Alabama:** *...but chiropractors are expressly prohibited from*



*prescribing or administering to any person any drugs included in materia medica* (Code of Alabama 1975 Title 34 Chapter 24 Article 4 Division 1, s 34-24-120 (c))

**Arizona:** *A doctor of chiropractic licensed under this chapter shall not prescribe or administer medicine or drugs...*(Arizona Revised Statutes Annotated Title 32 Chapter 8 Article 2, 32-925 (b))

**Connecticut:** *Practice chiropractic as defined in section 20-24, but shall not prescribe for or administer to any person any medicine or drug included in materia medica...*(Connecticut General Statutes Annotated Title 20 Chapter 372, 20-28 (b)(1)).

**District of Columbia:** *"Practice of Chiropractic" does not include the use of drugs,...*(District of Columbia Code 1981 Part 1, Title 2 Chapter 33 Subchapter 1, Section 2-3301.2 (3)(A)).

**Georgia:** *However, the term "chiropractic" shall not include the use of drugs...*(Code of Georgia, Title 43 Chapter 9, 43-9.1 (2)). The status of the doctor of chiropractic, as established by statute, training and experience, includes the ability and authority to evaluate the general health status of an individual for certification purposes,

**Louisiana:** *The practice of chiropractic does not include the right to prescribe, dispense, or administer medicine or drugs...*(West's Louisiana Statutes Annotated Title 37, Chapter 36 Part 1 Section 2801 (3)(c))

**New Jersey:** *No licensed chiropractor shall use. . . or prescribe, administer, or dispense drugs or medicines for any purpose whatsoever...*(New Jersey Statutes Annotated Title 45 Subtitle 1, Chapter 9 Article 1 45:9-14.5)

**New York:** *A license to practice **chiropractic** shall not permit the holder thereof...to prescribe, administer, dispense or use in his practice drugs or medicines...*(Consolidated Laws of New York Chapter 16, Title VIII Article 132, 6551. Definition of practice of chiropractic (3)).

**Tennessee:** *Nothing in this chapter shall be construed to authorize any of the following: Prescribing drugs...*(Tennessee Code Annotated

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Title 63, Chapter 4, 63-4-101 "Chiropractic" Defined-B Mandatory practices (d)(1).

The authorities established by law and the consensus that has evolved via such widely recognized bodies as the Council on Chiropractic Education and the Association of Chiropractic Colleges represent powerful elements that must be considered and understood in the development of any care delivery program initiative. Legal requirements represent absolutes. Consensus statements, definitions and positions adopted by diverse and widespread professional bodies within the chiropractic profession are part of the self-defining, self-governing process that any serious, mature profession should expect to see emerge. Along with more specific literature and clinical studies, these bodies of "evidence" can and should be an integral part of the body of data on which an objective and complete understanding of chiropractic is based.

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**NOTE:** Each quotation from state law in the body of this overview section is followed by the appropriate source information. Those references are not, therefore, included in this summary.

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## **BASIC ESSENTIAL CHIROPRACTIC CARE**

The doctor of chiropractic is a primary care, direct access, first professional degree level provider who serves as a portal-of-entry into the health care system. ICA understands the term primary care provider to be defined as: Any health care provider capable of providing first level contact and intake into the health delivery system, any health care provider licensed to receive patient contact in the absence of physician referral. All laws and regulations in the United States allow any citizen to seek the services of the doctor of chiropractic without referral from any other provider. Individuals are free to seek basic essential care on the same individual initiative basis that applies to other direct access providers.

Only the doctor of chiropractic is professionally competent to evaluate the chiropractic needs of a patient and to determine the level of service appropriate to meet those needs.

Chiropractic intervention is indicated in all instances where the objective and/or subjective presence of subluxation can be demonstrated and/or in a setting of routine checkups. Patient needs must be individually determined on the basis of recognized procedures, but the issue of clinical necessity of providing adjustive care shall be based on the presence of subluxation, and/or other structural mis-articulations, which may or may not have yet manifested subjective symptoms.

The International Chiropractors Association recognizes subluxation as an acceptable primary diagnosis, and includes the following official policy statement in their body of formally adopted position statements:

*Subluxation is a responsible and credible diagnosis for the doctor of chiropractic and this condition should be recognized and reimbursed as a primary diagnosis by all third-party payment organizations, both public and private.*

*The analytical/diagnostic determination of a subluxation indicates the need for chiropractic care.*

Chiropractic understands that illness, dysfunction (lack of wellness), etc., is the product of the body's inability to maintain itself or to successfully adapt to its environmental circumstances.

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While recognizing that illness has multiple origins, chiropractic science holds that under normal circumstances, the self-healing powers of the body will be sufficient to deal with illness or dysfunction. The doctor of chiropractic's duty is to assist the body in this process, and to remove as many barriers as possible to self-healing.

Chiropractic perceives the correction of subluxation at the earliest possible moment as the most basic, essential responsibility of the doctor of chiropractic. The adjustment of the subluxation(s) determined to be present is held by the chiropractic profession to be the unique, fundamental intervention chiropractic has to offer.

From the very beginning, the chiropractic model of health has had as its foundation the maxim that a human being is an ecologically and biologically unified organism. The relationship between a patient's internal and external environment must be understood. A major chiropractic premise is that the inherent recuperative power of the body aids restoration and maintenance of health. These assumptions comprise a wellness paradigm embraced by the great majority of the chiropractic profession.

## **THE OBJECTIVE DETERMINATION OF SUBLUXATION**

The chiropractic literature specifically addresses the means of objectively identifying the presence of vertebral subluxation(s), apart from subjective patient complaints and/or symptoms. Such reproducible, reliable procedures are the cornerstone of chiropractic practice. It is essential to note that the existence of reliable objective indicators are the foundation for the clinical merit of basic essential chiropractic care.

Strong consensus as to acceptable objective procedures has emerged and such procedures have been incorporated into chiropractic education, authorizing legislation and routine chiropractic practice. Kent, Grostic, et al conducted a consensus study employing a variety of sound procedures that identified the following procedures as, "having progressed beyond the experimental stage, and are acceptable procedures for general clinical practice." Those procedures were:

- a. Palpation (static and motion).
  - b. Postural analysis.
  - c. Orthopedic and neurological examination.
  - d. X-ray spinography.
  - e. Video fluoroscopy.
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- f. Computed tomography.
- g. Magnetic resonance imaging.
- h. Skin temperature differential analysis, including thermography.
- i. Paraspinal EMG scanning.

Of the procedures identified by Kent and Grostic, six represent imaging or instrumentation procedures that are extensively addressed in the scientific literature.

Of the non-imaging and instrumentation procedures routinely employed by doctors of chiropractic, palpation is perhaps the primary procedure most universally applied. Indeed, Hass and Panzer state: *"The hands are the primary tools of the chiropractic and are of utmost importance in identifying subluxation."*

Faye and Wiles define palpation as:

*"...the use of the tactile senses to determine variations in tissue consistence to recognize whether these variations are normal or abnormal. During palpation, the practitioner senses variations in temperature, shape and contour, textures, resistance, and motion. Palpation is usually conducted with a light, medium, or deep touch, using the pads of the fingertips...There are two basic classifications of manual palpation, static and dynamic."*

Palpation provides the doctor of chiropractic with unique information about the state of the patient and the relationship of the various spinal segments in the patient. Bryner and Bruin found that chiropractic colleges responding to their survey utilize palpation in basic diagnostic instruction, with an emphasis by those responding on motion palpation and "joint play assessment."

Palpation has been a key element in the chiropractic examination process from its very beginnings. D.D. Palmer and Dr. B.J. Palmer both wrote extensively on palpation and co-developed a variety of techniques, including nerve tracing, static and motion forms of palpation.

Akin to palpation, range of motion studies provide the doctor of chiropractic with important information about the state of a patient from individual testing and observation. Meeker writes, *"Assessing the range of limb and trunk motion is still considered to be one of the most objective ways to judge disability of the motor system and is a standard part of the chiropractor's diagnostic procedures."* Blunt, Gatterman and Bereznick offer a highly detailed discussion of mobility in the human spine and attempt to quantify ranges of normal for the various segments of the spine. In their analysis, *"the characteristics and analysis of normal dynamic regional and intersegmental motion are explored to understand a deviance from*



*these patterns that characterizes the abnormal motion of a subluxation complex. A continuum of abnormal motion is described, from hypomobility to hypermobility and instability." Blunt, et al note that, "...the literature spawns a wide range of techniques used to evaluate and describe ranges of motion." The utility and validity of all such procedures is related to the degree to which such procedures allow the patient's status to be quantified and measured, and the validity of the scales of normal and abnormal against which an individual patient's findings are compared. There is consensus, however, regarding the importance of range of motion studies in gathering subluxation related information and such procedures continue to commend themselves to chiropractic practice because of the objective nature of findings.*

Muscle testing is also routinely employed in chiropractic practice as a basis for gathering objective indications regarding the status of patients. Meeker writes, "*Assessment of muscle function for strength and quality of contraction is a standard test of the motor system. Manual muscle testing is popular and, indeed, forms the basis of several techniques used by chiropractors.*" In the general healthcare literature (Mayer and Gatchel, 1988) muscle weakness is related to a number of complaints and dysfunctions. In recent years, the development of sophisticated muscle testing equipment, including computerized muscle testing equipment, has changed the status of these procedures somewhat from individual evaluations done by the DC to measures that fall into the category of instrumentation.

The essential point necessary to the discussion here is that a wide range of accepted, accurate means of determining the presence of subluxation have been developed and that strong consensus exists within the chiropractic profession as to what those means are and how and when they should be applied.

## **THE PROGRESSIVE NATURE OF SPINAL SUBLUXATION**

Behavior such as physical and emotional stress, tension, chemical/environmental stressor repetitive motion, over-extension of spinal tissues and/or characteristics such as posture, weight, or even footwear can establish patterns of progressive subluxation that lead to the degeneration of spinal segments. Spinal degeneration and its reversibility has been the subject of considerable scientific debate. O.J. Ressel, based on a comprehensive review of 329 published references and a series of detailed case studies concluded that chiropractic intervention not only halted spinal osteoarthritis, but also reversed the deterioration process by measurable levels. Conversely individuals who exercise in a manner that puts the spine through a full range of motion on a periodic basis, develop the supporting muscles of the

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vertebrae and foster strong circulation, promote spinal health through such activities.

The incidence of spinal degenerative disease is well established. Tencer, et al, stated that osteoarthritis is detectable in 35 percent of the U.S. population by age 30 and Lawrence stated that ten percent of all individuals in the U.S. between the ages of 14 and 24 had roentgeno-graphically identifiable osteoarthritis. Numerous studies have also indicated that spinal degeneration plagues men and women equally and Anderson, Buerger, et al have indicated that osteoarthritis is not influenced by climatic, geographic or ethnic considerations. Spinal degeneration is demonstrably a near-universal condition. The erosion of spinal tissues is seen by some as simply a natural and predictable manifestation of the aging process. Indeed, the nearly universal incidence of spinal degeneration is powerful evidence that this is a plausible assertion. The response of spinal tissues to the chiropractic adjustment, as demonstrated by Ressel, indicates that the process of spinal degeneration is not an unstoppable process and that chiropractic adjustments revivify the spinal tissues through the restoration of normal nerve function as well as stimulate biochemical changes that enhance the performance of spinal tissues.

The relationship between neurological deficit related spinal degeneration and the subluxation represent one of the most exciting research frontiers of human health. Likewise the health implications of the chiropractic adjustment, which works to eliminate such neurological deficits and conditions caused thereby, is already well established, but requires massive new research if the precise mechanisms of the healing process are to be fully understood.

Spinal degeneration associated with the subluxation complex has been well documented and much written about. Erhardt demonstrated in great detail the progression of the untreated subluxation via x-ray. Lantz, Harrison, Junghanns, and Eisenstein, likewise have shown the progressive nature of the subluxation. Such evidence indicates the high clinical utility of early chiropractic intervention, regardless of the presence of subjective symptoms.

## **PHASE DEFINITION OF SUBLUXATION**

The degenerative nature of the subluxation has been widely described in terms of phases. Commonly, four phases of subluxation degeneration are recognized and have been widely described in the literature. As well, these four phases correspond to x-ray findings and can be demonstrated clearly via diagnostic imaging.

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**Near Normal:** Prior to the emergence of any phase of subluxation degeneration, a patient who is in a state of basic effective functioning can be characterized as near normal. Such patients present with an absence of significant or outstanding clinical indicators and functions within normal limits.

### **PHASE I - SUBLUXATION**

no radiographic degenerative changes  
mild aberrant motion  
mild muscle involvement  
mild local tissue inflammation  
mild biochemical changes/pathology  
mild soft tissue degradation  
mild neurological involvement

### **PHASE II - SUBLUXATION**

mild to moderate radiographic degenerative changes  
mild to moderate aberrant motion  
mild to moderate muscle involvement  
mild to moderate local tissue inflammation  
mild to moderate biochemical changes/pathology  
mild to moderate soft tissue degradation  
mild to moderate neurological involvement

### **PHASE III B SUBLUXATION**

Moderate radiographic degenerative changes  
Moderate aberrant motion  
Moderate muscle involvement  
Moderate local tissue inflammation  
Moderate biochemical changes/pathology  
Moderate soft tissue degradation  
Moderate neurological involvement

### **PHASE IV - SUBLUXATION**

severe radiographic degenerative changes  
severe aberrant motion  
severe muscle involvement  
severe local tissue inflammation  
severe biochemical changes/pathology  
severe soft tissue degradation  
severe neurological involvement

## **EARLY DETECTION, EARLY INTERVENTION AND "WELLNESS"**

Enhanced public awareness of environmental, psychosocial, and physiological issues through education and community action has forced early detection/early intervention into the public health agenda as a significant new priority. Smoking cessation, weight control, nutritional considerations, stress reductions, advice about exposure to environmental pollutants and education in respect to the potential dangers of over-the-counter drugs are examples of initiatives affecting the chiropractic patient population worldwide.

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"A new awareness of the contribution of lifestyle, environment, and genetics infused medicine in the decade following. Sometimes called the 'wellness movement', this new orientation broadened the paradigm of traditional biomedicine. Since Dubos' essay on health, a body of research findings has accumulated that demonstrates the validity of a more comprehensive approach to health, one which recognizes the many antecedents and co-factors in the disease and healing process.

"Although not fully accepted by all physicians, the holistic concept of health is gaining stature. Dozens of studies by employers have begun to quantify the beneficial impact of health promotion programs in terms of reduced health care utilization and lower health care costs."

Long-term care concepts and considerations in chiropractic have been discussed by a number of authors. Jamison offers a comprehensive overview of the current trends in chiropractic, and worksheets for health care assessment. McDowell and Newell describe general health care indicators and instruments. Jamison reviews the improvement of basic health status by alteration of behavior, especially through health education.

Some recent surveys focus upon neuro-musculoskeletal chiropractic practice, but other current literature takes a firm stance on the importance of maintaining a focus on prevention and health promotion, through routine checkups.

A detailed analysis of a database collected during a three-year randomized study of senior citizens over 75 years of age revealed that patients who received chiropractic care reported better overall health, used fewer prescription drugs, and spent fewer days in hospitals and nursing homes than elderly non-chiropractic patients. The chiropractic patients were also more likely to exercise vigorously and more likely to be mobile in the community.

87 percent of the chiropractic patients described their health status as good to excellent, compared to only 67 percent of the non-chiropractic patients. Furthermore, the chiropractic patient spent 15 percent less time in nursing homes and 21 percent less time in hospitals than the non-chiropractic patients.

## **BASIC ESSENTIAL CARE**

Subluxation is a progressive condition and it is therefore in the patients' essential interest to have subluxation addressed through the chiropractic adjustment at the earliest moment. Delay in receiving chiropractic care can result in increasingly severe subluxation dysfunction and require an extended period of chiropractic procedures to correct, proportionally prolonged according to duration of the period of neglect.

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Such early detection and intervention to address emerging subluxation patterns is basic, essential patient care, and is addressed at the routine checkup and prevention visit. When the objective indicators of subluxation show the presence of a defined spinal lesion, the doctor of chiropractic is alerted to the specific anatomical and physiological basis for chiropractic intervention.

Subluxation(s) have been demonstrated to be present in persons of all ages, from the newborn infant to the most senior citizen. Likewise, authorizing laws and regulations empower doctors of chiropractic to care for patients of all ages with no exceptions, and chiropractic education instructs professionals in training in the proper procedures and techniques necessary to address the spinal needs of all patients, including infants and the elderly. The Council on Chiropractic Education (CCE) the agency recognized by the United States Department of Education for the accreditation of chiropractic professional programs recognizes no exceptions or limitations on the appropriateness of chiropractic procedures because of age. The International Chiropractors Association recognizes the utility and appropriateness of chiropractic procedures for all persons regardless of age, and views efforts to restrict the access of any age group to chiropractic services as profoundly discriminatory, contrary to the laws of the several states and unsupported by the scientific literature.

Periodic chiropractic examinations to determine objectively the presence of subluxation(s) are in the patient's interest, and are called routine checkups and prevention visits. This is often referred to as maintenance or wellness care. The frequency of the need for such examinations must be determined on the basis of individual evaluation. Such periodic examinations are a vital component of quality basic health care. In the absence of subjective patient complaints of specific symptoms, the doctor of chiropractic must focus on objective measures and fully educate the patient on the status of their condition, and the measures to be taken to achieve optimal health.

Routine checkups provide both patient and doctor with the opportunity to examine environmental circumstances, behavioral factors and individual patient characteristics that may contribute to spinal problems. In addition to the adjustment of any subluxation(s) demonstrated to be present, if at all, in the course of routine checkups, the doctor of chiropractic may assist patients in altering conditions that might contribute to or set the state for on-going and/or progressively severe subluxation patterns. Such care efforts emphasize patient responsibility and may include exercise programs, weight loss, dietary counseling, life style modifications, education on body postures and mechanics, mental attitude, coordination training, safety habits, ergonomics, spinal hygiene, modification of life stressors, etc.

Health care policy makers, providers and consumers are becoming increasingly aware of the merits of early detection and early intervention in all human health concerns. From tooth decay

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to cancer, the progressive nature of human deterioration means that in both human and economic terms, early detection and early intervention are highly desirable goals.

## **CHIROPRACTIC PATIENT EVALUATION AND CARE PATHWAY**

This decision tree regarding the pathways and evaluation process for a patient presenting at the chiropractic office is based on the doctor of chiropractic's competence to evaluate the general health status and needs of each patient and determine the appropriateness of chiropractic care and/or the need for referral to other provider(s) for urgent care, additional diagnostic evaluation in the context of another branch of the healing arts, concurrent care, or no care at all, etc. It also recognizes that the majority of patients making the decision to seek the services of any health care professional do so on the basis of some self-perceived symptom, problem or health concern, or at the behest of a patient or guardian.

1. Routine Checkup and Prevention/Wellness Care
2. Initial Presentation--Is Emergency Care Needed

Upon presentation of each new patient, the doctor of chiropractic determines whether there is any condition, element or crisis that requires the immediate referral for emergency life-saving care or urgent care.

The attending doctor of chiropractic is competent to determine, on the basis of immediate findings whether the patient is in immediate need of emergency intervention.

3. Initial Presentation--Is the Care of Another Provider Needed

In the course of this evaluation, the attending doctor determines whether there are findings that indicate the need for referral to another provider.

If indications for immediate referral are not present, the patient proceeds along the care pathway to the next level. If such a referral is necessary it does not preclude concurrent chiropractic care.

4. Determining Appropriate Chiropractic Care. Are There Potential Restrictions On Chiropractic Care

The elimination of imperatives to refer having been undertaken, the next step on the chiropractic care pathway centers on the development of an appropriate course of adjustive

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care, if needed. In that process, the patient's needs and circumstances are evaluated to determine whether there is a need, and if so whether there are any restrictions on the delivery of adjustive care. This evaluation process will direct the attending doctor to employ specific chiropractic techniques that are appropriate to the status of the patient.

#### 5. Care Delivery

Having carefully worked through the evaluation process eliminating potential red flags to standard care and techniques, the doctor of chiropractic next outlines and delivers a program of adjustive care according to the individual needs of the patient, based on the lifestyles and presenting factors, i.e. phase of subluxation.

#### 6. Re-Evaluation for New Condition(s) and/or Re-Injury

On each encounter, the doctor of chiropractic will determine whether new conditions and/or injuries might require alterations in the care plan. If there are no such indications, the program of care previously devised will continue.

#### 7. Progress Evaluation

After a reasonable period of care, each patient's progress will be evaluated to determine the effectiveness of the chosen course of care and to determine whether alterations in that program are indicated, as determined by the clinician.

## **REFERRAL**

Referral is a professional obligation that is present throughout all phases and aspects of the chiropractic practice. The primary obligation of Doctors of Chiropractic is to provide the highest quality of care to each patient within the confines of their education and their legal authority. It is the position of the International Chiropractors Association that this primary obligation includes recognizing when the limits of skill and authority are reached. At that point, it is the ICA's position that doctors in all fields of practice are ethically and morally bound to make patient referrals to practitioners in their own and/or other fields of healing when such referrals are necessary to provide the highest quality of patient care. This interchange of professional referrals includes, but should not be limited to, doctors of chiropractic, doctors of medicine, and osteopathy.

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Doctors of Chiropractic are also obligated to receive referrals from other health care providers, applying to those patients the same considerations for quality and appropriateness of care as with any other patients. It is the position of the ICA that the professional obligation to the patient includes honest, full and straightforward communication with the referring provider on the issue of optimal patient care.

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