April 24, 2018

To: Chiropractic Australia
Suite 2 / 1 Rooks Road
Nunawading
VIC 3131
Australia

RE: Chiropractic Australia's Choosing Wisely Submission

Dear Chiropractic Australia Executive,

Thank you for the opportunity to offer feedback to the proposed submission to the Choosing Wisely Australia campaign. Firstly, let me thank you for spending the time to draft the submission; it makes good sense that chiropractic is represented in the mix of other healthcare disciplines. I do apologise for this being sent after the expected deadline. We feel, however, that further detail is important in the proposed document.

The Board of the International Federation of Chiropractors and Organizations (IFCO) does have some concerns regarding the proposed submission. Our response by way of alternative wording to the Chiropractic Australia draft and rationale is given below.

Q1 – Avoid requesting medical imaging, such as X-rays, for non-specific spinal pain without indication of a pathological cause.

> IFCO recommendation – "*Avoid requesting imaging, such as x-rays, in one or more spinal region for non-specific spinal pain without indication of a pathological cause, recognized clinical indicators of biomechanical alteration attributed to vertebral subluxation, or limited progress in patient care outcomes.*"
>
> Rationale:
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> - Underlying pathology may well be detected only by imaging without any outwardly obvious symptoms being present.
> - Chiropractic care delivery and specificity may be improved through better understanding of the individual's unique spinal biomechanics demonstrated on x-ray that may be otherwise unknown through other means of spinal assessment.
> - Underlying anomalies that may alter the manner in which chiropractic care is delivered may only be revealed through imaging such as x-ray.[1-5]

- Patient care that does not meet the expected outcomes, based on the chiropractor's clinical experience, may warrant imaging to determine an underlying, but not outwardly obvious, pathology or structural anomaly.

Q2 – Avoid the use of negative, emotive or 'fear inducing' language or behaviour, in practitioner to patient communications.

IFCO recommendation – *"Avoid the use of negative, emotive, 'fear inducing', derogatory or culturally insensitive language or behaviour during practitioner to patient communications."*

Rationale:

- We commend Chiropractic Australia on taking this position.
- Our addition of "derogatory or culturally insensitive" is to highlight issues in areas of cultural diversity, and to recognize the cultural diversity within the chiropractic profession.[6-11]

Q3 – Avoid any program of care that is not patient-centred and evidence based and does not incorporate the use of validated outcome measures, especially for long-term treatments.

IFCO recommendation – *"Avoid any program of care that is not patient-centred, evidence informed, and does not incorporate reliable and/or valid outcome measures of patient care in any style of chiropractic management (short or long term). Evidence informed care should include the available peer-reviewed evidence, practitioner experience and patient preference."*

Rationale:

- Including "reliable" is important as there may be evidence for reliability of an assessment procedure that is commonly used profession wide yet with limited validity at the present time. This may also include commonly used medical diagnostic measures.
- Expanding the "style of care" to include both short and long term is important. In the current form there appears to be an additional scrutiny put on "long-term treatments" that should be equally applied to any length of care.
- Changing "treatment" to "chiropractic management" offers an opportunity to be culturally sensitive to the profession. This language was recently adopted by the New Zealand Chiropractic Board after consultation with the profession in the development of their document on Cultural Competence.[11]
- "Evidence based" suggested to be replaced by "evidence informed". This suggests that the practitioner stay up to date with the current evidence. Additionally, evidence based has become interpreted as solely related to peer-reviewed literature (and sometimes literature that is cherry picked to the practitioners own bias). Evidence informed should include not only the breadth of evidence available, regardless of practice preference, but also the experience of the practitioner.

Q4 – Avoid using the terms 'vertebral subluxation' or 'spinal dysfunction' as a cause of disease.

IFCO recommendation – *"The term 'vertebral subluxation' is commonly used within the chiropractic profession to describe an aberrant state of neuro-spinal integrity that is associated with altered intersegmental biomechanical and neurophysiological function which may be limited to local, or lead to regional and systemic changes within the individual"*

Rationale:

- The term 'vertebral subluxation' is widely used by organizations outside and within the chiropractic profession, is commonly used and the preferred term to be used by chiropractors in clinical practice, and is the term associated by the majority of chiropractic students in North America, Australia and New Zealand to describe the clinical focus of chiropractic care.[12-25]
- There is an extensive body of evidence supporting aberrant changes of intersegmental biomechanical and neurophysiological change and its effect on human function. Using profession specific lexicon supports explaining this in patient-practitioner and inter-professional communication.

Q5 – Only request 3-4 region spinal x-rays where there is indication such as serious disease, trauma or for the identification and monitoring of scoliosis.

IFCO recommendation – *"Requisition of 3-4 region spinal x-rays should only be considered where there is clinical indication of serious disease and/or trauma, for medico-legal requirement, for further identification of intersegmental and/or gross regional abnormalities of structural integrity or the monitoring of scoliosis progression."*

Rationale:

- The exclusion of "medico-legal requirement" seems to have been an oversight in the proposed submission. This is an important inclusion to support appropriate patient management.
- Evidence supports the use of imaging, such as x-ray, to examine pathology or structural anomalies that may be indicated through clinical examination which may alter patient management or progression in the application of chiropractic care.[1-5,26]
- Alternatively, the IFCO proposed Q1 may now cover much of what is discussed in Q5 so may make Q5 somewhat redundant.

Thank you again for the opportunity to make a submission. I apologise again for the lateness of the IFCO submission. The proposed changes, however, are important and, as referenced, are consistent with evidence informed chiropractic practice.

Sincerely,

Liam P. Schübel, DC

Dr Liam Schubel D.C.
President, IFCO
(on behalf of the Board and Membership of the IFCO)

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