

Circulation list

Sue Wakefield, BCA
Nicki Choules-Rowe, MCA
Morag Cairns, SCA
Amanda Kincaid, UCA

2 July 2010

Dear colleagues

MEETING WITH COUNCIL MEMBERS: 14.00 17 AUGUST 2010

As some background to the proposed meeting, I'm enclosing copy correspondence with the Federation of Straight Chiropractors and Organizations in relation to the GCC guidance on the chiropractic vertebral subluxation complex. As you can see, there is some misunderstanding that the guidance is concerned with scope of practice. Council members have also been provided with a copy of the statements issued by each of your organisations in relation to that guidance.

Yours sincerely

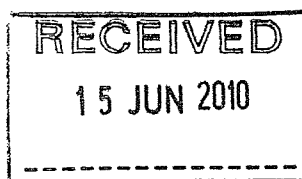
Margaret Coats
Chief Executive & Registrar
enc



2276 Wassergass Road
Hellertown, PA 18055
1-800-521-9856 • 610-838-3031 fax
www.straightchiropractic.com
email: FSCO@straightchiropractic.org

FEDERATION OF STRAIGHT CHIROPRACTORS AND ORGANIZATIONS

General Chiropractic Council
44 Wicklow Street
LONDON WC1X 9HL



June 10, 2010

RE: Position on vertebral subluxation

Dear General Chiropractic Council,

The Federation of Straight Chiropractors and Organizations (FSCO) represents Doctors of Chiropractic whose objective in practice is the location, analysis and correction of vertebral subluxation for the betterment of health. We are writing at the request of our members internationally as well as those in the United States who are concerned with your recent position on the role of vertebral subluxation correction in chiropractic. Restricting the practice of chiropractic to the treatment of musculoskeletal complaints and physical therapy robs the public of a valuable health service (vertebral subluxation correction) and frankly duplicates the service of physical therapy in many instances.

Your most recent move to eliminate subluxation correction from the scope of practice in England is in direct conflict with the body of scientific literature as well as the standards of the chiropractic profession in virtually every other country chiropractors are licensed. Our concern is that the GCC has deviated from the standards our profession holds in the rest of the world, specifically in the United States. The Association of Chiropractic Colleges (ACC), Council for Chiropractic Education (CCE) as well as the National Board of Chiropractic Examiners (NBCE) all recognize vertebral subluxation as a vital component of our practice. In fact, our federal system of health care for senior citizens (Medicare) will not pay a submitted claim unless it is attached to a diagnosis of subluxation for the region of the spine being adjusted.

The aberrant effects of vertebral subluxation on health are well documented and inarguable. Attached to this document is a small sampling of literature demonstrating the effects of vertebral subluxation on physiology. To avoid any argument of bias associated with a particular journal or study design, we have included citations from both the chiropractic and medical literature. We ask that you consider the empirical evidence herein and make the appropriate changes to your position in a timely manner.

Our hopes are that after objective consideration of the facts presented the GCC will reconsider their position and that the people of England will have access to the service of vertebral subluxation correction.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Shane Walker'.

Shane Walker, DC
FSCO PResident

CC: UK Dept. of Health
International Chiropractic Association
The Chartered Society of Physiotherapy
World Chiropractic Alliance

Chiropractic - Correcting Vertebral Subluxations Since 1895

There is a growing body of literature that supports the subluxation model, a sampling of which is provided below (1-7).

1. Sato A, Swenson RS. Sympathetic nervous system response to mechanical stress of the spinal column in rats. *Journal of Manipulative Physiological Therapeutics* 1984; 7(3):141-7.
2. Dishman R. Review of the literature supporting a scientific basis for the chiropractic subluxation complex. *Journal of Manipulative and Physiological Therapeutics* 1985; 8(3):163-174.
3. Marino MJ, Langrell PM. A longitudinal assessment of chiropractic care using a survey of self-rated health wellness & quality of life: A preliminary study. *Journal of Vertebral Subluxation Research* 1999; 3(2):1-9.
4. Bolton PS. Reflex effects of subluxation: the peripheral nervous system. *Journal of Manipulative Physiological Therapeutics* 2000; 23(2): 101-103.
5. Budgell BS. Reflex effects of subluxation: the autonomic nervous system. *Journal of Manipulative Physiological Therapeutics* 2000; 23(2): 104-106.
6. Bakris G, Dickholtz M Sr, Meyer PM, Kravitz G, Avery E, Miller M, Brown J, Woodfield C, Bell B. Atlas vertebra realignment and achievement of arterial pressure goal in hypertensive patients: a pilot study. *Journal of Human Hypertension* 2007;21(5):347-52.
7. McAllister W, Boone WR, Power K, Hart J, Xiong T, Westbrook M. Chiropractic Care and Changes in Physical State and Self-Perceptions in Domains of Health among Public Safety Personnel: A Longitudinal Follow up Study. *Journal of Vertebral Subluxation Research* 2009; [May 15]: 1-11.

Shane Walker
FSCO President
2276 Wassergass Road
Hellertown
PA 18055

15 June 2010

Dear Dr Walker

VERTEBRAL SUBLUXATION COMPLEX

I acknowledge receipt of your letter and attachment of 10 June 2010, which will be brought to the attention of the General Council when it meets next on 18 August.

In the meantime I attach a copy of the guidance relevant to this matter issued by the Council in May 2010, together with a copy of the Council's guidance on advertising (March 2010). For avoidance of doubt, your attention is drawn in particular to the fact that both these documents are concerned with the level of clinical research evidence that is required in respect of advertised claims for chiropractic care in the UK. They do not focus on scope of practice.

I hope this is helpful.

Yours sincerely

Margaret Coats
Chief Executive & Registrar

encs

Shane Walker
FSCO President
2276 Wassergass Road
Hellertown
PA 18055

29 June 2010

Dear Dr Walker

VERTEBRAL SUBLUXATION COMPLEX

Further to my letter of 15 June 2010, I enclose now, for your information, a copy of a review of the seven papers referenced in your letter of 10 June 2010.

This review, as well as your letter, will be brought to the attention of the General Council when it meets next on 18 August 2010.

Yours sincerely

Margaret Coats
Chief Executive & Registrar

enc

**REVIEW BY THE ANGLO-EUROPEAN COLLEGE OF CHIROPRACTIC OF
PAPERS ON VERTEBRAL SUBLUXATION COMPLEX PROMOTING
HEALTH AND WELLNESS, SUBMITTED IN JUNE 2010 TO THE GCC BY
THE FEDERATION OF STRAIGHT CHIROPRACTORS AND
ORGANIZATIONS (FSCO)**

Seven papers were presented as support for the vertebral subluxation complex (VSC) in promoting health and wellness. Following are the reviews we have conducted on these papers.

1. Marino MJ, Langrell PM. A longitudinal assessment of chiropractic care using a survey of self-rated health wellness and quality of life: Preliminary study. *J Vertebral Subluxation Res* 1999;3:65-73.

The design of this study was a one group pre-test to post-test without a control group. Unfortunately the conclusions of this study are not supported by the data. Due to the flawed design no real conclusions can be reached. Simply the passage of time or the placebo effect could explain the results obtained. There is no discussion of the limitations of this paper. The lack of a control group is a major flaw and the large drop out of 35% should have been explained. The major flaws in this paper render it a very poor paper, which should not have been published. This paper does not support the contention that the VSC has an effect on health and that the correction of this putative lesion can have an impact on health.

2. Bakris G, Dickholtz M, Meyer PM, Kravitz G, Avery E, Miller M, Brown J, Woodfield C, Bell B. Atlas vertebra realignment and achievement of arterial pressure goal in hypertensive patients: a pilot study. *Journal of Human Hypertension* 2007;21:347-352.

The design of this study was a randomised, double blind, placebo-controlled pilot study. Fifty patients with mild hypertension were randomised to a sham manipulation group or to a group receiving NUCCA upper cervical manipulation. The primary outcome was change in systolic blood pressure from baseline to the 8 week follow up. Participants were seen once a week and interestingly, 85% of those in the treatment group only required one manipulation throughout the 8-week trial. The sham treatment consisted of incorrect low force upper cervical manipulation. The study had adequate power to detect a change of 10 mm Hg in systolic blood pressure. The results indicate that NUCCA manipulation appears to be effective in reducing mild hypertension. This is an excellent study with good internal validity; however, as only one chiropractor delivered all the manipulations external validity is poor and it is difficult to generalize the results to the practice of chiropractic. While clinically meaningful statistics were not given in the paper we calculated these from the data given. Twenty-two of 25 participants in the treatment group improved and 9 of 25 in the sham group improved. This means that those treated with NUCCA manipulation are 13 times more likely to improve than those treated with sham manipulation and that only 2 patients need to be treated for one more to improve. While this was a pilot study it needs to be

replicated with larger numbers of patients using different practitioners to deliver treatment. This study suggests that upper cervical manipulation may be an adjunctive treatment to medication for patients with mild hypertension, but does not address the concept of health promotion or wellness.

3. McAllister W, Boone WR, Power K, Hart J, Xiong T, Westbrook M. Chiropractic care and changes in physical state and self-perceptions in domains of health among public safety personnel: A longitudinal follow up study. *J Vertebral Subluxation Res* 2009; May:1-11.

The design of this study was a one group pre-test to posttest without a control group. Unfortunately the conclusions of this study are not supported by the data. Due to the flawed design no real conclusions can be reached, nor does the design allow the stated hypothesis to be adequately tested. Simply the passage of time or the placebo effect could explain the results obtained. There is no discussion of the limitations of this paper. The lack of a control group is a major flaw and there is no description of the intervention(s) used in the study. There was a large drop out and no explanation was given for this. The major flaws in this paper render it a very poor paper, which should not have been published. This paper does not support the contention that the VSC has an effect on health and that the correction of this putative lesion can have an impact on health.

4. Budgell BS. Reflex effects of subluxation: The autonomic nervous system. *J Manipulative Phys Ther* 2000;23:104-106.

This is a narrative literature review of basic physiologic research on the effects of somatic stimulation of spinal structures on autonomic nervous system activity and the function of related viscera. The aim of the paper was to determine if the literature supports correction of the "subluxation" in relieving symptoms and treating disease. It appears that noxious stimulation to the spine and paraspinal tissues is capable of producing a physiologic response. The author concludes that there is "little support for the contention that painless spinal dysfunction can affect organ function." Further, the results may have been achieved by stimulating tissues through massage and trigger point therapy and not through the correction of the vertebral subluxation complex. This literature review can in no way be construed to support the concepts of the health and wellness benefits of correcting putative vertebral subluxations. Only well-conducted randomised controlled trials are able to test this concept.

5. Bolton PS. Reflex effects of vertebral subluxations: The peripheral nervous system. An update. *J Manipulative Phys Ther* 2000;23:101-103.

This is a narrative literature review of the experimental evidence of reflex effects of vertebral subluxations on peripheral nervous system response to such lesions. The reviewed literature suggests that the subluxation complex may affect nociceptors in and around the facet joint and be responsible for pain arising from this putative spinal lesion. The author, however, suggests that without quality research studies the health and wellness effects of the

vertebral subluxation complex remains theoretical and unproven. This literature review can in no way be construed to support the concepts of the health and wellness benefits of correcting putative vertebral subluxations.

6. Sato A, Swenson RS. Sympathetic nervous system response to mechanical stress of the spinal column in rats. *J Manipulative Physio Ther* 1984;7:141-147.

This was a basic science study of rats to determine the effects of mechanical stimulation of the spine on heart rate, blood pressure, adrenal nerve activity and renal nerve activity. The spine was exposed surgically and clamps attached to immobilize the segments leaving two segments free to move. Force was then applied (0.5 to 3.0 kg) to the lateral aspect of the spine. This application of force to the spine produced consistent changes in the physiological parameters measured. However, the authors concluded that it is still not clear if manipulation is capable of producing the same effects. While this interesting study suggests force applied laterally to the spine may affect certain physiological parameters it does not support the concept that the putative vertebral subluxation complex has a health promoting effect. Only randomized controlled clinical trials are able to answer this question.

7. Dishman R. Review of the literature supporting a scientific basis for the chiropractic subluxation complex. *J Manipulative Physio Ther* 1985;8:163-174.

This is a narrative literature review used by the author to develop a theory of what the vertebral subluxation complex actually is. He presents numerous theories for the affects of this putative lesion and suggests further research is needed in this area. This is an interesting paper that presents possibilities and cannot be seen as adding support to the concept that correcting the vertebral subluxation complex has health promoting effects. Again, the only way to definitively show if the putative spinal lesion has health promoting effects and is as dangerous as some claim is through clinical trials using a randomized controlled design.

It has been claimed that correction of the vertebral subluxation complex leads to the betterment of health, and that "the aberrant effects of vertebral subluxation on health are well documented and inarguable." The GCC has been asked, based on this assumption, to "consider the empirical evidence herein and make the appropriate changes to your position in a timely manner." We have considered the seven papers submitted as "inarguable proof" of this concept and have to conclude that there is, in fact, no evidence for support of this concept.