

Foundation for Vertebral Subluxation

Policy ~ Education ~ Research ~ Service

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November 25, 2011

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TO: Interested Parties
FROM: Foundation for Vertebral Subluxation
RE: Open Letter from Council on Chiropractic Education

Recently the Council on Chiropractic Education (CCE) circulated an Open Letter to the chiropractic profession outlining and responding to a series of alleged myths circulating within the profession regarding the actions of the CCE.

The following document is intended to address the CCE's Open Letter.

We look forward to continued dialogue on issues of utmost importance concerning the chiropractic profession.

Regards,

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The Council on Chiropractic Education recently circulated an “Open Letter” to the chiropractic profession authored by the Chair of the Council - David Wickes MA, DC.¹ In the opening paragraphs of the letter the CCE characterizes itself as the victim of an unwarranted “series of attacks” over the past year by “...a few outspoken but ill-informed individuals...” and addresses what it calls are “...misconceptions, misunderstandings, and factual distortions...” about the CCE and its actions.

Dr. Wickes’ characterization of over 4000 written complaints to the USDOE along with complaints submitted by major national and international chiropractic trade organizations as “a few” is quite a remarkable denial of reality.² Further, anyone who reads even just the submissions by the Foundation for Vertebral Subluxation³ and the International Chiropractors Association⁴ with a critical eye will come away knowing that the complaints and alleged violations warrant investigation and certainly do not constitute simple “ill-informed” expressions of concern.

The Open Letter from CCE characterizes the current crisis within the profession as simply a “misunderstanding” and then goes on to describe what are relatively mundane and generally understood purposes of accreditation as well as publicly available information regarding the role of the United States Department of Education in recognizing accrediting agencies.

Dr. Wickes then begins to set the stage for the upcoming hearing and the likely sanctions that the USDOE will place on the CCE as routine by stating that “...only 20% of accrediting agencies manage to navigate through the renewal process unscathed...”. This is understandable and a smart move on the CCE’s part since in all likelihood they will not get through this hearing unscathed.

Wickes also asserts that Federal regulations restrict the USDOE from getting involved in “...intra-professional disputes, such as scope of practice, the lexicon of the profession, or philosophical differences” however, Dr. Wickes neglects to point out that the USDOE is mandated to investigate and address violations of the Criteria for Recognition and in the end that is what this is all about and it is what the USDOE will have to address in December of this year.

The rest of Dr. Wickes’ letter is a fumble laden attempt to dispel imaginary myths the CCE created in order to divert attention away from the actual violations that are being alleged by a large swath of the profession and the trade organizations that represent them. Wickes even goes so far as to insult the intelligence of the concerned members of this profession by suggesting they simply did not read or comprehend the process or the outcomes of the Standards Review Task Force.

The following is a review of the CCE’s contrived “Myths” contained in their Open Letter to the profession.

CCE Alleged Myth #1: “CCE is forcing the chiropractic profession into the practice of medicine by accrediting the DCM degree”.

Wickes response to this is to state the obvious which is that the CCE is not authorized by the CCE to award the DCM degree. He then explains that National University changed the name of their *Program* to Doctor of Chiropractic Medicine but that they do not offer a Doctor of Chiropractic Medicine *Degree* – only a DC degree. Those who are familiar with this issue already know that National asserts this is simply a semantic issue, however Dr. Wickes blames the USDOE since they told the CCE that this was acceptable. Of course we also know that National intends to award a DCM degree through a post DC program and that it will not seek CCE accreditation for it but will instead seek regional accreditation.⁵

Then in perhaps the clearest example of why there is so much mistrust surrounding the CCE and its actions, Dr. Wickes goes on to point out that in light of how “confusing” this issue could be the CCE has revised how they report on DC programs and no longer names the program.⁶ This is because prior to this change the CCE listed National’s Doctor of Chiropractic Medicine *Program* as being accredited by the CCE.⁷ It is incredible to the Foundation that the CCE does not understand the level of mistrust within the profession directed towards them given even this one instance of questionable behavior.

What the CCE ignores here are the other concerns regarding the movement of chiropractic into the practice of medicine through forcing member institutions to train chiropractors as primary care physicians. The CCE does not have to mandate the teaching of pharmacology in order to accomplish the goal of transforming chiropractic into a subset of medicine. Forcing chiropractic schools to train its graduates as physicians will in and of itself accomplish that. Indeed many within the profession who are critical of CCE feel this has already been accomplished.

Myth 1 - FACTS: The CCE already accredits National University of Health Sciences Doctor of Chiropractic Medicine *Program*. National is developing a DCM degree that will be regionally accredited. The CCE Standards mandate the training of chiropractors as physicians. Physicians are generally understood to be that class of doctor that practices medicine and performs surgery.

CCE Alleged Myth #2: “The Standards no longer require chiropractic colleges to teach core principles and practices of chiropractic.”

The concern amongst the chiropractic community is not the language of the Principles and Practice topic nor that a mistaken belief exists that they are not contained in the *Standards*. The real issue, which Dr. Wickes does not address, is the reality that the curriculums of chiropractic programs are so bogged down in teaching students the principles and practice of medicine that there is little time left to focus on the principles and practice of chiropractic.

Myth 2 - FACTS: The CCE mandates the training of chiropractors as primary care physicians and thus a great deal of time is spent by chiropractic institutions teaching the principles and practice of medicine in order to be able to accomplish this. This leaves less time to teach the principles and practice of chiropractic.

CCE Alleged Myth #3: “CCE has removed all mention of subluxation from the Standards and students no longer have to know how to assess for subluxation”.

Regarding subluxation, the CCE states in their Open Letter:

“Despite its historical legacy in the profession, a number of educational programs and practitioners have opted to use other terms, such as joint fixation or joint dysfunction.”

This single statement gets to the heart of the concern of the chiropractic community. The chiropractic subluxation is *not* synonymous with joint fixation or joint dysfunction.^{8,9} That the sole accrediting agency for chiropractic does not know this should and does raise serious concerns. If there are institutions that are teaching these concepts as synonymous then it is imperative that they correct this mistake – not change the *Standards* or competencies to reinforce a mistaken notion.

The CCE further demonstrates their confusion on this issue by stating:

“Even the Association of Chiropractic Colleges (ACC) has not reached a unified definition or specific criteria for subluxation, despite its own task force addressing this issue.”

In fact, the ACC Paradigm defines subluxation:

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation. 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.”¹⁰

That the CCE would resurrect some tired old argument that subluxation is not defined should not alleviate the chiropractic community’s concerns. In fact, it should heighten them. Subluxation is well defined and clinical strategies for identifying its presence as well as outcomes measures to demonstrate its reduction and/or correction are well entrenched in the literature and the practice of chiropractic.^{8,9} That the sole accrediting agency for chiropractic educational institutions and the individual who Chairs the Council does not know this should be of serious concern to the chiropractic community.

The CCE goes on to admit:

“A justified argument can be made that the meta-competencies appear in policy form, and can thus be modified without public input by the Council. Although theoretically true, it is rather unlikely that this would happen.”

The CCE would have the chiropractic community believe that it should have no concerns that its policies would be changed without input by the Council or the profession. The CCE suggests to the chiropractic community to just “Trust us” given the widespread and ongoing scandal that has permeated the CCE for so many years. Clearly the chiropractic community does not trust the CCE or this dialogue and confrontation would not be occurring to begin with.

Myth 3 - FACTS: The CCE has sidelined the central focus of the chiropractic subluxation in the educational setting and does not itself understand how subluxation is defined and managed according to its own statements in the Open Letter.

CCE Alleged Myth #4: “CCE no longer requires students to be able to adjust. There’s no difference in the accrediting standards for chiropractic or any other health profession.”

It should be noted by the CCE’s own admission that the meta-competencies do not address the spinal adjustment and it was only after the profession’s feedback that this was added. It should be shocking to the chiropractic community that those individuals charged with drafting the *Standards* and meta-competencies to begin with did not recognize the singular importance of the adjustment. However, given that this same group does not understand the central nature of the chiropractic subluxation, this should not be surprising.

Of further concern is the CCE’s belief that a specific spinal adjustment is the same as a manipulation:

The CCE states:

“The associated Draft #1 meta-competencies only alluded to adjusting by inference: *“Provide care appropriate for diagnosis, including treatment, co-treatment or referral”*. However, after receiving feedback, this was eventually changed in the meta-competencies to state: *“Provide appropriate chiropractic adjustments and/or manipulation procedures, passive and active care”* and *“Assess the need for and deliver chiropractic adjustment/manipulation, passive and active care.”* Someone recently argued that by using “adjustment/manipulation” a program might teach only manipulation and not specific chiropractic adjusting. **This is an argument in semantics that is not based in reality. Many in our profession use the terms adjustment and manipulation interchangeably.**” (Emphasis added)

Such statements on the part of the CCE that this is an issue of “semantics” serves to further compound the already existing concerns. Either the CCE is completely ignorant regarding the difference between a specific adjustment to correct or reduce a subluxation

and a gross manipulation^{8,9} or the CCE is intent on deceiving its constituents and hopes they are ignorant regarding the nature of reality.

Myth 4 - FACTS: The CCE does not know that there is a difference between an adjustment and a manipulation.

CCE Alleged Myth #5: “CCE is forcing colleges to teach students how to prescribe medicine. CCE is changing the profession into Medicine.”

Despite the CCE’s contention, this issue actually revolves around the CCE’s elimination of the phrase “without the use of drugs and surgery.”

The Open Letter from the CCE states:

“Many agree that this has been an important part of the history of the profession and helped establish its uniqueness. Yet times have changed and we now find that some states allow DCs to perform minor surgery, use local anesthetics, administer certain medications, or administer IV or IM nutrients. Similar legislation is up for consideration in several other states.”

“Times have changed” - this is the reason the CCE gives for forever altering a fundamental aspect of an entire profession. The CCE further attempts to shift blame on the state regulatory boards for removing the phrase. In fact, what this statement by the CCE does is provide evidence of the cartel like relationship that exists within the controlling factions of the profession.

Myth 5 - FACTS: The CCE removed reference to chiropractic being “without drugs and surgery” from the *Standards*. The CCE blames this on state regulatory boards instead of taking responsibility for their own actions.

CCE Alleged Myth #6: “CCE is responsible for 53% of student loans going into default. This is because the colleges teach medicine instead of chiropractic”

The CCE did a cursory review of the HEAL loan default data and concluded that it’s really not so bad. Further, the CCE created a pie chart and tables highlighting the default rates of certain institutions stating:

“When one looks at the data on these defaulting doctors, it seems that the bulk of these graduated from institutions with a philosophy well distanced from the medical model.”

Ignoring the obvious childish jab at certain of our educational institutions, the real issues, completely ignored by the CCE in their Open Letter, are the serious concerns of the chiropractic community regarding a number of aggravating factors including: declining enrollment, continued increases in student loan debt burdens by graduates and a shrinking

market for chiropractic services. The CCE and others appear to believe that one answer to a declining market for chiropractic services and the difficulties students have with managing their student loan debt is to expand the scope of chiropractic practice to include primary care responsibilities, including the use of drugs.

What the chiropractic community actually needs is a re-evaluation of chiropractic curricula, length of the program, cost of the program and whether or not it is in the profession's best interest to compete with allopathy and osteopathy to train primary care physicians. Many in the chiropractic community feel it would be wiser to focus on the professions core practice objectives which at the same time act as the profession's strategic competitive advantage in a rapidly changing healthcare marketplace. A shorter, less expensive and time consuming curriculum, unburdened by training heavily focused on medical procedures is advocated.

Myth 6 - FACTS: Enrollment in chiropractic colleges has declined dramatically in the past decade. Chiropractic students are typically spending as many as 8 years in a program that supposedly trains them to be primary care physicians. They are typically graduating with as much as \$200,000.00 worth of student loan debt and entering the field only to find decreased demand for their services. The real concern is re-focusing the educational program towards those clinical skills, knowledge and attitudes that are uniquely chiropractic as opposed to a duplication of at least two already existing medical professions and decreasing the debt burden on our graduates and increasing market share for chiropractic services.

CCE Alleged Myth #7: "The CCE is part of an evil cartel, along with the NBCE and FCLB, and doesn't reflect the profession or different philosophies."

The description of the CCE as being part of a cartel that has a monopoly within the chiropractic profession did not arise from within the profession itself. While the Open Letter from the CCE completely downplays the significance, it actually arose during the last hearing before the NACIQI where the CCE was requesting Renewal of Recognition and was stated by a member of the USDOE NACIQI Committee:

"Madam Chair, we've heard charges and countercharges from I trust a wide, fairly wide spectrum of the chiropractic profession. At least that's the way it seems to me. Battles over turf, battles over philosophy, maybe battles over personal ambition, but divisions of every kind. And some of this, maybe most of it, is a consequence of, at least as I see it, a monopoly control of a profession which has led to the establishment of a virtual cartel, not unusual. There are several other professions that we deal with that have a virtual cartel control of the profession. We can't change that, but we can consider measures that will try to send a message to the prevailing control group that they should try to be more inclusive rather than less inclusive and I suggest that we try to figure out what is within our range of alternatives to do that. Because I believe if we simply hear it, discuss it, anguish over it, and then give them five years of

recognition, that we haven't been the impetus for any corrective action for the profession and I worry about the profession."¹¹

Others within the profession have gone into some detail regarding the extent of this virtual cartel.¹² The Open Letter from the CCE denies the existence of such a cartel based on the absence of an actual *financial* relationship between the CCE, the NBCE and the FCLB:

“Obviously the CCE includes the NBCE and the FCLB among its stakeholders, as there is a need to keep abreast of the impact of chiropractic education programs’ curricula and changes in the licensing exam process and the state licensing boards. But there is no appointment by the NBCE or the FCLB of membership on the Council, nor is there any financial relationship between those entities and the CCE.”

The CCE’s depiction of a cartel is very limited. For example one definition of cartel by Merriam-Webster defines it as:

“A combination of political groups for common action.”¹³

The Encyclopedia Britannica defines cartel as:

“Association of independent firms or individuals for the purpose of exerting some form of restrictive or monopolistic influence on the production or sale of a commodity.”¹⁴

Directly contrary to the CCE’s assertions about financial relationships the Encyclopedia Britannica further states:

“Members of a cartel maintain their separate identities and financial independence while engaging in common policies.”¹⁴

Making matters worse, the CCE attempts to suggest that because there is representation on the Council by graduates of a variety of schools - that no one philosophy dominates. This assumes that simply because a person graduated from a particular institution that they lean toward some predetermined philosophical orientation. Even a casual observer knows that within the chiropractic profession it is not unusual for graduates to change their philosophical orientation once out of school and beyond that it is not unusual for a student to attend a particular school for reasons other than its philosophical orientation.

Myth 7 - FACTS: A Committee member of the United States Department of Education’s Office of Post Secondary Education’s National Advisory Committee on Institutional Quality and Integrity characterized the CCE as participating in a virtual cartel with monopolistic control over the chiropractic profession. There does not have to exist direct financial ties between the participants in a cartel in order for one to exist.

CCE Alleged Myth #8: “There are direct financial and political conflicts of interest at the CCE.”

In its Open Letter the CCE itself admits that until 2009 there was criticism of the CCE’s structure in this regard and that it took steps to remedy it. Thus it has not even been two years since new policies were put in place to address such criticism. Beyond this there are remaining concerns that the CCE is in violation of the USDOE Criteria for Recognition specifically: **§602.15(a)(6) Conflicts of interest of board members, commissioners, and evaluation team members.** Nominees for these positions are vetted by a committee of the Council using ambiguous criteria, and a decision is made by the people who already sit on the Council. The opportunity for in-breeding, and election of people who represent one orientation in the profession versus another, is obvious. This leads to a self-perpetuating leadership of individuals committed to a specific philosophical stand and agenda. CCE should provide for an open, democratic, transparent selection process which involves all stakeholders, including educational institutions, faculty, students, and consumers.

Myth 8 - FACTS: The CCE has a history of ignoring conflicts of interest. The CCE should provide for an open, democratic, transparent selection process which involves all stakeholders, including educational institutions, faculty, students, and consumers.

CCE Alleged Myth #9: “The voice of the profession was ignored in the recent Standards revision process”.

The CCE remains in denial regarding its lack of efforts to include all stakeholders. The CCE even admits:

“During this process, the CCE learned a great deal about how to improve its own practices. Despite our efforts to be inclusive in the Standards revision process, we acknowledge that some groups still feel that they didn’t have access to information.”

Nevertheless the CCE goes on to blame two of the national associations along with the CCE’s lack of social media skills for stakeholder concern over this issue. In reality, the ACA and ICA membership together account for 10% of the practicing profession at best. While COCSA includes membership from associations in each state, membership in state associations mirrors membership in the national trade groups. To suggest that the membership in state and national organizations is representative of the profession as a whole ignores longstanding knowledge by the political leadership of this profession that membership rates are abysmal. The CCE ignores other stakeholder groups, organizations and associations beyond the ACA, ICA and COCSA.

Myth 9 - FACTS: By its own admission the CCE does not take into account all stakeholders in their decision making process. The CCE remains in denial regarding the seriousness of this particular issue and instead of taking responsibility for their actions shifts the blame to a couple of chiropractic trade organizations and a lack of social network expertise.

Conclusion

Despite notions to the contrary the Open Letter from the CCE authored by Council Chair Dr. David Wickes does little to dispel the contrived Myths outlined in their letter. In fact, the letter only serves to reinforce the disconnect between the CCE and its constituents by turning the serious concerns of thousands of chiropractors and other stakeholders within the profession into a mockery.

The Foundation urges the USDOE and the CCE to seriously consider the following concerns regarding apparent violations already outlined in a submission to the NACIQI.

These comments concern United States Department of Education (USDE) recognition of the Council on Chiropractic Education (CCE) as a programmatic and institutional accreditor for institutions conferring the Doctor of Chiropractic degree.

The following apparent violations of the Criteria for Recognition found in 34 CFR Part 602 are noted:

1. §602.15(a)(6) Conflicts of interest of board members, commissioners, and evaluation team members.

Nominees for these positions are vetted by a committee of the Council using ambiguous criteria, and a decision is made by the people who already sit on the Council. The opportunity for in-breeding, and election of people who represent one orientation in the profession versus another, is obvious. This leads to a self-perpetuating leadership of individuals committed to a specific philosophical stand and agenda. CCE should provide for an open, democratic, transparent selection process which involves all stakeholders, including educational institutions, faculty, students, and consumers.

2. §602.16(a)(1)(i) and §602.16(a)(1)(ii). Curriculum. “The agency’s accreditation standards effectively address the quality of the institution or program in the following areas: (i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates. (ii) Curriculum.

CCE mandates that institutions prepare each graduate to practice as a “primary care chiropractic physician.” The terms “primary care physician” and “chiropractic primary care physician” are not defined in the CCE *Standards*, and as such are vague and ambiguous. Furthermore, many, if not most procedures provided by a “primary care physician” are not within the scope of chiropractic practice in any jurisdiction. These include, by example, family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

3. §602.16(a)(1)(i) and §602.16(a)(1)(ii). Curriculum. “The agency’s accreditation standards effectively address the quality of the institution or program in the following areas: (i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, state licensing examination, and job placement rates. (ii) Curriculum; and §602.21(a) “An agency must maintain a systematic program of review that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.”

The CCE *Standards* do not reflect the central nature of vertebral subluxation to chiropractic care, or state and federal laws. Furthermore, there is no requirement for institutions to determine or disclose to interested parties data such as job placement rates, success rates in obtaining state licensure, or attrition rates over time. CCE's standards do not adequately prepare students so that when they graduate, they possess the core competencies they need to be licensed to practice chiropractic as defined by the various states.

Beyond the clear focus within the *Standards* on training students to serve as primary care physicians, the *Standards* also signal a shift away from what has historically been the core focus of the profession and the chiropractic educational process.

Under the federal Medicare program, correction of spinal subluxation is the only service provided by chiropractors which is reimbursed when medically necessary. Chiropractors cannot opt out of the Medicare program. Therefore, chiropractors receiving reimbursement under the Medicare program must be competent in the assessment and correction of subluxations of the spine.

4. §602.21(b)(4). Review of standards. The agency must ensure that its program of review involves all of the agency’s relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

CCE failed to meet this criteria by not taking into account the comments received by the profession at large when adopting the 2012 *Standards*.

5. §602.23(c)(1) concerning the manner in which it must respond to complaints against itself.

CCE has been non-responsive to inquiries and complaints from stakeholders. For example, an inquiry sent by Christopher Kent on July 10, 2010 was not answered until June 16, 2011. The response answered only one of four questions posed. To date, no response has been received from CCE to a follow-up letter sent July 11, 2011.

6. §602.23(e) (3) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about the agency's accrediting or preaccrediting actions with respect to the institution or program.

An announcement dated March 3, 2010, indicates that the Council at its Annual Meeting granted reaffirmation of accreditation to the National University of Health Sciences for the “Doctor of Chiropractic Medicine” program. http://www.cce-usa.org/uploads/2010-03-03_Accreditation_Actions_Announcement.pdf

According to the U.S. Department of Education web site, the Council on Chiropractic Education is recognized as a specialized accrediting agency. The scope of recognition is: “the accreditation of programs leading to the Doctor of Chiropractic degree and single-purpose institutions offering the Doctor of Chiropractic program.” http://www2.ed.gov/admins/finaid/accred/accreditation_pg7.html#NationalInstitutional
No mention is made of a Doctor of Chiropractic Medicine degree.

An inquiry to CCE remains unanswered, and the misleading information remains on the CCE web site.

Recommendation

The Foundation for Vertebral Subluxation respectfully requests that the Committee recommend deferral of a decision on the continuation of recognition of CCE as an accreditor for 12 months. The Foundation seeks the application of the principles of good governance including transparency, accountability, and meaningful participation for all factions within chiropractic.

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