Foundation for Vertebral Subluxation

Policy ~ Education ~ Research ~ Service

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Dear Dr. Van Dusen,

On behalf of the Foundation I would like to thank you for the opportunity to submit the following comments in regards to the Draft Council on Chiropractic Education (CCE) Accreditation Standards Principles & Requirements for Accreditation.

Primary Care. Page 10, Paragraph 1. Page 20, Section H, Context.

The terms "primary care physicians" and "chiropractic primary care physician" are not defined in the proposed *Standards*, and as such are vague and ambiguous. These terms should be replaced with a description of the role of a doctor of chiropractic that is consistent with chiropractic licensure and practice.

There are conflicting definitions of primary care and primary care physician.

World Health Organization (WHO)

The definition of primary health care used by the World Health Organization in the Declaration of Alma Alta(1978) is as follows:

> Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.[1]

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The document goes on to describe specific components of primary care. According to this definition, primary health care:

> includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including 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.[1]

Under this definition, primary care must include a number of services, such as the provision of drugs and vaccines, which are outside the scope of chiropractic practice, and incompatible with chiropractic practice.

American Academy of Family Practice (AAFP)

The American Academy of Family Physicians defines primary care physician as follows:

> A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services.
>
> Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.
>
> In this document, the term physician refers only to doctors of medicine (M.D.) and osteopathy (D.O.).[2]

This definition requires a primary care physician to serve "as the entry point for substantially all of the patient's medical and health care needs" and limits the term physician "only to doctors of medicine (M.D.) and osteopathy (D.O.)."

"Medical Home" Concept

Medicine.net defines primary care as:

> The "medical home" for a patient, ideally providing continuity and integration of health care. All family physicians and most pediatricians and internists are in primary care. The aims of primary care are to provide the patient with a broad spectrum of care, both preventive and curative, over a period of time and to coordinate all of the care the patient receives.[3]

The definition of primary care provider:

> In insurance parlance, a physician chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services.[4]

This definition requires a primary care physician "to control access to other medical services." Such is not the role of a doctor of chiropractic.

Institute of Medicine (IOM)

The definition of primary care adopted by the IOM Committee on the Future of Primary Care follows:

> Primary care is the provision of *integrated, accessible health care services* by clinicians who are *accountable* for addressing a large *majority of personal health care needs*, developing a *sustained partnership* with *patients*, and practicing in the *context of family and community*.[5]

The Committee also defined terms used in the definition:

Integrated *is intended in this report to encompass the provision of* comprehensive, coordinated*, and* continuous *services that provide a seamless process of care. Integration combines events and information about events occurring in disparate settings, levels of care and over time, preferable throughout the life span.*
Comprehensive*. Comprehensive care addresses any health problem at any given stage of a patient's life cycle.*
Coordinated*. Coordinated ensures the provision of a combination of health services and information that meets a patient's needs. It also refers to the connection between, or the rational ordering of, those services, including the resources of the community.*
Continuous*. Continuity is a characteristic that refers to care over time by a single individual or team of health care professionals ("clinician continuity") and to effective and timely communication of health information (events, risks, advice, and patient preferences) ("record continuity").*
Accessible *refers to the ease with which a patient can initiate an interaction for any health problem with a clinician (e.g., by phone or at a treatment location) and includes efforts to eliminate barriers such as those posed by geography, administrative hurdles, financing, culture, and language.*
maintaining, or restoring health (Last, 1988). The term refers to all settings of care (such as hospitals, nursing homes, clinicians' offices, intermediate care facilities, schools, and homes).
Clinician *means an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients.*

Accountable applies to primary care clinicians and the systems in which they operate. These clinicians and systems are responsible to their patients and communities for addressing a large majority of personal health needs through a sustained partnership with a patient in the context of a family and community and for (1) quality of care, (2) patient satisfaction, (3) efficient use of resources, and (4) ethical behavior.
Majority of personal health care needs *refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring—unrestricted by problem or organ system—and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate.* **Personal health care needs** *include physical, mental, emotional, and social concerns that involve the functioning of an individual.*
Sustained partnership *refers to the relationship established between the patient and clinician with the mutual expectation of continuation over time. It is predicated on the development of mutual trust, respect, and responsibility.*
Patient *means an individual who interacts with a clinician either because of illness or for health promotion and disease prevention.*
Context of family and community *refers to an understanding of the patient's living conditions, family dynamics, and cultural background.* **Communities** *refers to the population served, whether they are patients or not. Community can refer to a geopolitical boundary (a city, county, or state), or to neighbors who share values, experiences, language, religion, culture, or ethnic heritage.*
Health care services *refers to an array of services that are performed by health care professionals or under their direction.*[6]

The IOM report also includes the following:

TABLE 4-1 Diagnosis Clusters That Make Up the Majority of Nonreferred Ambulatory Visits to U.S. Office-Based Physicians, NAMCS, 1989–1990[7]

Rank	Cluster Title	Percent	Cumulative Percent
1.	General medical examination	7.2	7.2
2.	Acute upper respiratory tract infection	6.2	13.4
3.	Hypertension	4.4	17.8
4.	Prenatal care	4.3	22.1
5.	Acute otitis media	3.5	25.6
6.	Acute lower respiratory tract infection	2.7	28.3
7.	Acute sprains and strains	2.7	31.0
8.	Depression and anxiety	2.5	33.5
9.	Diabetes mellitus	2.1	35.6
10.	Lacerations and contusions	1.9	37.5
11.	Malignant neoplasms	1.7	39.2
12.	Degenerative joint disease	1.7	40.9
13.	Acute sinusitis	1.6	42.5
14.	Fractures and dislocations	1.6	44.1
15.	Chronic rhinitis	1.5	45.6
16.	Ischemic heart disease	1.4	47.0
17.	Acne and diseases of sweat glands	1.3	48.3
18.	Low back pain	1.2	49.5
19.	Dermatitis and eczema	1.2	50.7
20.	Urinary tract infection	1.1	51.8

It should be noted that the IOM definition defines primary care as including "addressing a large *majority of personal health care needs."* Note carefully this definition: "**Majority of personal health care needs** *refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring—unrestricted by problem or organ system—and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate."*

The proposed *Standards* refer in one section to "chiropractic primary care." What exactly is *chiropractic* primary care and how is this different from primary care? In fact, there is only primary care as outlined above and then there are those services, procedures and roles within primary care that duly licensed chiropractors may or may not provide by virtue of the fundamental tenets of the profession, training, education or law.

Furthermore, CCE must ask if the treatment and management of the conditions enumerated in Table 4-1 be a mandated part of chiropractic education. Note that "acute sprains and strains" account for 2.7% of non-referred visits, and low back pain 1.2%, behind acne and diseases of sweat glands. This is contra to the oft repeated claim that low back pain is the second most common reason for physician visits.

Recommendation

It is recommended that CCE replace the terms "primary care physicians" and "chiropractic primary care physician" with a description that is consistent with chiropractic licensure and practice.

Appendix I. Page 2. Health Promotion and Disease Prevention. Vertebral Subluxation. Vertebral Subluxation Complex.

The draft *Standards* do not reflect the central nature of vertebral subluxation to chiropractic management. The *Standards*, meta competencies and required components should be changed to reflect the reality of subluxation as the significant focus of the profession.

Beyond the clear focus within the *Standards* on training students to serve as primary care physicians, the *Standards* seem to also signal a shift away from what has historically been the core focus of the profession and the chiropractic educational process. Vertebral subluxation is only mentioned once as a required component under the Health Promotion and Disease Prevention Meta Competency. Further, the component is for the graduate to be able to "explain" how the subluxation relates to the chief complaint, general health and the school's mission. Mission issues aside, the concern is that there is no requirement that the student demonstrate their ability to diagnose, analyze or otherwise manage a case based purely on the existence of subluxation.

Within the United States, state laws, the United States Federal Government, The International Chiropractor's Association, The American Chiropractor's Association, The Federation of Straight Chiropractic Organizations, and The Association of Chiropractic Colleges, The Council on Chiropractic Practice all define the responsibility of chiropractors as the detection and correction of vertebral subluxation and its resultant neurological interference.

The profession has standards of care and practice guidelines that have been reviewed by an independent research agency (ECRI) which is a Collaborating Center of the World Health Organization. Based on these reviews they have been accepted for inclusion in the National Guideline Clearinghouse of the Agency for Health Care Policy and Research of the United States Federal Government.[8-9]

The existence of subluxation is in accordance with the published paradigm statement of The Association of Chiropractic Colleges, which was accepted and signed by every Chiropractic College President in North America.[10] This statement has been endorsed and/or adopted by every major national and international chiropractic organization in the chiropractic profession including:

- The Council on Chiropractic Education
- The International Chiropractor's Association
- The American Chiropractor's Association
- The World Federation of Chiropractic
- The Congress of Chiropractic State Associations
- The Association of Chiropractic Colleges

- The Foundation for Chiropractic Education & Research
- The Federation of Chiropractic Licensing Boards
- National Board of Chiropractic Examiners
- The National Association of Chiropractic Attorneys
- The Council on Chiropractic Practice

The ACC defines the purpose, principles and practice of chiropractic as the finding and reduction of vertebral subluxations, which will prevent and restore health by removing interference to the body's inherent recuperative powers. This document, among other things, states that chiropractic as a profession "focuses particular attention on the subluxation."

The assessment and management of vertebral subluxation is either taught as part of the regular curriculum of chiropractic colleges in North America or as part of their post graduate programs. All of these programs, including the general curriculum of the chiropractic colleges, are accredited by the Council on Chiropractic Education which is subject to the rules and authority of the United States Federal Government's Department of Education. These schools also hold accreditation through various local and regional accrediting bodies. The Council on Chiropractic Education accredits all of the chiropractic programs in the United States and has reciprocal arrangements with accrediting bodies in Europe and Australia. According to the Policies document of the CCE:[11]

> The Council on Chiropractic Education (CCE) accepts the physiological principles of organization in living things and the manifestation of the self-regulatory mechanisms inherent in the body.
>
> CCE accepts that the nervous system is vulnerable to disturbances resulting from derangements of the neurobiomechanical system, including the vertebral column and vertebral subluxations.
>
> The educational process should be a reinforcement of the validity of the basic principles of chiropractic and an encouragement to the student to apply those principles in his or her clinical programs, with emphasis given to detection and correction of derangements of the neurobiomechanical system, including vertebral subluxation."

The World Health Organization in its document: WHO Guidelines on Basic Training and Safety in Chiropractic[12] defines chiropractic thusly:

> A health care profession concerned with the diagnosis, treatment and prevention of disorders of the neuromusculoskeletal system and the effects of these disorders on general health. There is an emphasis on manual techniques, including joint adjustment and/or manipulation, with a particular focus on subluxations.

The American Medical Association, in its *Guides to the Evaluation of Permanent Impairment,* lists the following as acceptable means to rate impairment:[13]

- Impairment due to loss of muscle power and motor function,
- Impairment due to abnormal motion of the spine,
- Impairment due to loss of motion segment integrity,
- Impairment due to disc problems,
- Impairment due to pain or sensory deficit,
- Impairment due to segmental instability.

These are, in fact, components of the vertebral subluxation.

The Guidelines for Evaluation and Management Services published by the Health Care Financing Administration of the United States Federal Government and the American Medical Association (May 1997) outline what an objective examination should consist of and these include commonly used neuromusculoskeletal exam procedures within chiropractic such as: postural analysis, palpation, assessment for subluxation, range of motion and assessment of muscle tone. All of these are used to assess and manage subluxation.[14]

The Federal Government of the United States specifically defines what chiropractors do as the detection and correction of subluxation under Medicare and Federal worker's compensation laws. Common to all state statutes is the adjustive process being utilized to reduce subluxations and the resultant interference to nerve transmission. No less than 38 states employ the term adjustment in licensing laws in reference to the procedures applied by chiropractors. 18 state statutes additionally include the concept of manipulation, 34 states contain specific references to responsibility for neurological complications of biomechanical origin (subluxation) and over half the chiropractic profession practice in these states. In addition, 11 states specifically discuss the concept of subluxation in their statutes by using the term and for those that do not specifically use the term there is an implied understanding of the concept in their statutes.

According to Rome there are 296 variations and synonyms of subluxation used by medical, chiropractic and other professions leading him to remark "It is suggested that

with so many attempts to establish a term for such a clinical and biological finding, an entity of some significance must exist."[15]

In a survey of North American Chiropractors completed by the Institute for Social Research at Ohio Northern University and published in 2003[16] their research found that:

1. 88.1% of chiropractors stated that the term vertebral subluxation complex should be retained.
2. 89.8% stated the adjustment should not be limited to musculoskeletal conditions.
3. The respondents rated the subluxation as a significant contributing factor in 62.1% of visceral ailments.
4. 93.6% recommend maintenance/wellness care
5. 76.5% Teach a relationship between spinal subluxations and visceral health

The researchers concluded that any differences in practitioners' attitudes were associated with four variables:

1. The chiropractic college attended
2. Whether or not the chiropractor had chiropractic treatment prior to college
3. The number of patients the chiropractor treats each week
4. The chiropractors self rated philosophy (broad, middle or focused scope)

They further concluded:

"The profession as a whole presents a united front regarding the subluxation and adjustment."[16]

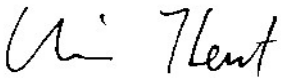
The existence of subluxation and its acceptance is spelled out in explicit detail by published policy statements of chiropractic organizations as well as federal and state laws regulating the practice of chiropractic. The epidemiology of subluxation has been researched since the inception of chiropractic over 100 years ago with basic science and clinical research to further elucidate the nature of it continuing to this day.

Recommendation

Given the central nature of vertebral subluxation within the chiropractic profession and given that the profession effectively has only one accrediting agency for its educational programs, it would seem essential that the CCE ensure that the central nature of vertebral subluxation is made clear within its *Standards*, meta competencies and required components.

We trust that the above comments regarding the draft Standards will be given serious consideration by the CCE. Please do not hesitate to contact us should you desire additional information.

Regards,



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