Comments on proposed National Registration Guidelines - URGENT - FAO: Dr. P. Donata

Daniel Lane to chair

Cc: caawa

History: This message has been replied to.

D eDear Dr Phillip Donata,

My comments to the National Chiropractic board's published draft codes and guidelines for comment by stakeholders are as follows.

I object, in part or fully, to the following areas of this proposed document:

1. Working with the Patient, Client, and Consumer

1.6.7 Financial and management plans should not extend beyond 3 months at any time.

2. Working as the practitioner

2.6.2 The need for X-rays is supported in cases where "red flags" (suspected pathology) are elicited from the clinical history and examination, for example...

2.6.4 Routine X-ray screening of consumers including the routine re-evaluation of biomechanical/postural disorders, other than for progressive scoliosis or other exceptional circumstance, may be inappropriate. Follow-up X-rays are not indicated if the health consumer is making adequate clinical recovery except in cases of progressive pathology, fracture repair and progressive scoliosis

2.10.6 Special consideration must be given to chiropractic management of neonates as examination and treatment of this group may be complex and may require advanced diagnostic

skills, assessment and training.

2.10.7 In planning chiropractic management of children, practitioners should consider:

• the need for adjunctive procedures and/or involvement of other health care professionals

• the frequency and duration of care for children is usually less than that required for an adult; practitioners should be aware that there is an increased incidence of serious pathology causing neck and back pain in children as compared to adults

• frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current available evidence and is currently not recommended, except for assessing developmental milestones. Should a parent elect to have their child undergo regular chiropractic examination or treatment in the absence of any clinical justification then it is the responsibility of the practitioner to provide the parent with a balanced view of the factual evidence relating to such examination or treatment as part of the informed consent process;

• practitioners should be aware that 'screening' for health problems may be associated with harms such as false positives which may generate anxiety and unnecessary treatment.

3. Professional obligations/Substantiation of claims

. Unless there is accepted scientific

evidence that there are no material risks associated with the type of treatment, an advertisement for services should alert the public to the fact that there are associated health risks.

5. Working with the broader community/5.2.1

In situations where practitioners are likely to interact with suicidal health consumers, or other consumers who are at risk, it is important that:

• practitioners ensure that all staff have undertaken a basic training course in suicide intervention skills or appropriate interventions for the particular type of risk;

9. Ensuring practitioner health/9.2

Practitioner health

Good practice involves:

c). understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases

I sincerely trust that my concerns will be taken into account.

Yours faithfully,

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"Historically, the search for the cause of a disorder of the nervous system has been focussed on finding morphological or chemical abnormalities, while symptoms and signs of many disorders of the nervous system can be caused by changes in function other than those that are not directly caused by morphological or chemical abnormalities.

It is well known that activation of neural plasticity is an effective means for treating disorders of the nervous system, but it is less recognised that expression of neural plasticity can also cause symptoms