To:
Cc:
Bcc:
Subject: Fw: Concerns over the guidelines

To whom it may concern,

I would like to voice my concerns over the following points contained within the guidelines:

On the top of x-rays: I am am very concerned about the apparent very limiting nature that will be imposed on x-ray taking.

Regarding section 2.6.2
Think here about the special xray needs for spinal adjustments and not for medical interventions. Chiropractic radiography has a special role in exploring mechanical pain and biomechanical health issues. Should this be clearly stated here? Is an x ray limited to the identification of "red-flag" pathologies? Do chiropractors have a role in the management of common spine and spinal nerve conditions such as thoracic kyphosis, disc disease and spinal degeneration, scoliosis. spinal stenosis, mechanical neck and back pain and radicular pain and headache. How do you assess these appropriately without x ray?

Regarding Subsection 2.6.4
Does this cover a provision for the individual's diagnostic findings, individual biomechanical findings and could that have a direct relationship to treatment options? Does the x ray help find treatment contra-indications? The CBA appears to support radiography for scoliosis alone here. Do you wish the code to acknowledge an x ray measurement of your treatment outcomes in certain presentations? Does an x ray provide better reliability for certain types of spinal assessment measurements ? Is there acknowledgment of chiropractic here?

General addition to 2.6
Where is the respect for the individual clinicians decision-making here? Does this section assume that one type of assessment and one type of care must fit all clinicians for all patients all of the time. Is chiropractic a diverse profession with a growing and diverse range of relevant treatment protocols. Is there not a wide range of treatment options within all primary health-care disciplines among a wide range of different patient profiles, expectations and needs.

Is there not then some irony in 2.7 - when stated that 2.7.2 Practitioners should use a variety of assessment tools, tests and procedures to ensure that a breadth of clinical information is available when making diagnostic and prognostic decisions. YET THERE IS THE INTENTION TO LIMIT THE USE OF XRAYS, A VITAL ASSESSMENT TOOL.

On the topic of substantiation of claims:

Associated health risks should be identified by a practitioner at the time of informed consent for the patient. A request to identify risks within advertising is not practical. The public is educated enough to know that potential risks are associated with any service and activity. Would the same restrictions be placed on pharmaceutical companies to identify all potential side-effects of medications at the time of advertising on television.

On the topic of unacceptable advertising: namely offering time-limited discounts or inducements

To my understanding, chiropractors are allowed to set their own fees. It should be their inclination to offer time-limited discounts. If a patient/prospective patient has concerns at this point with regards to unnecessary care being promoted / provided, they have the provision to contact the appropriate registration board. Why should a health professional be penalised for making health care more affordable?

thankyou for your time

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