National Guidelines

Shane Mezger to chair

Dear Phillip, I do not agree with the following guidelines marked below. I believe that these are in direct violation to the freedom that chiropractors have had for the last 115 years. Secondly I believe that some of these guidelines are outdated and not based on current research or best practices.

Yours sincerely,
Dr Shane Mezger
Chiropractor

Guidelines for advertising

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 there are associated health risks.

5. What is unacceptable advertising?
d) use testimonials or purported testimonials.

j) fail to disclose that there are health risks associated with a treatment.

n) contain price ....., or offers time-limited discounts or inducements.

Code of professional practice for chiropractors in Australia.

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

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.

2.6.3 The clinical indication for requiring X-rays of children is limited to conditions such as fracture, dislocation, bone pathology, unresolved skeletal/ spinal pain, scoliosis and to exclude or confirm a clinical suspicion of conditions which may be a contra-indication to proposed care.

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.

2.7 Diagnostic Tools, Tests & Processes.

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.

2.7.3 The findings of diagnostic tools/tests should not be used in marketing and advertising, as members of the public may be misled as to the value of those findings in relation to their situation. (This could include x-rays, sEmg etc)

2.7.6 The findings from a static sEMG. Thermology or other assessment tools, tests and processes should not be misrepresented as to their clinical value in the diagnosis or progronsis of vertebral subluxations or other neuro-pathomechanical syndromes.

2.10 Working with Children
2.10.7 (Dot point 5) frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current avalaible 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.

2.10.7 (Dot point 6) 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.

2.11.9 In cases where treatment continues in excess of 3 months in duration, the ongoing use of periodic validating objectives and subjective outcome measures is necessary in order to justify ongoing care.

5. Working with the broader community
5.1 Spinal postural assessment and public place marketing
These activities should be done in the full knowledge that there is no objective data to support the reliability and validity of screening for spinal disorders.

5.1.2 Practitioners should not tout for business. Business cards may be provided to participants upon request, but neither the obtaining of contact information from participants nor the making of appointments at the time of an assessment is permitted. Practitioners should not make unsolicited contact with participants subsequent to an assessment.

5.1.4 No fee is permitted to be charged for such assessment; however participants may make donations to a charitable organization nominated by the practitioner.

Guidelines on continuing professional development

3. Requirements
3.2 The minimum level of activity will be at least 25 hours over a 12 month period.

3.4 The board requires that chiropractors must hold a current Level 2 or Senior First Aid certificate or equivalent, in addition to the required CPD hours.
(note that the CAAWA considers the continuing education requirements appropriate)