6th April 2010

Attn: Chair, Chiropractic Board of Australia

Dear Dr Donato,

After reading the proposed guidelines it is with great concern for our profession and its future direction that I write this submission. Whilst the proposed code of conduct for registered health practitioners appears to be fair. The nature of the proposed Code of professional practice for chiropractors in Australia will restrict how many Chiropractors practice. As a practicing Chiropractor I am greatly concerned that the proposed guidelines will restrict how I currently practice. I fail to see the need of a separate code for the Chiropractic profession as it seems to duplicate most of the cross profession proposed code. The points that aren't already covered are restrictive and give a very narrow scope of practice.

The points I object to are;

1.6.7

Care management and financial management are separate issues. Progress reviews of a consumer should be performed at appropriate landmarks, for example every 12 visits. Health consumers often choose to make financial arrangements over periods of time longer than 3 months, as it can make it more cost effective for them. I feel as long as this is being done ethically and in partnership with the consumer with terms and conditions disclosed that it should not be restricted to only 3 months at a time.

2.6.2

Radiography within Chiropractic plays a larger role than purely ruling out red flags. Most consumers would elect to have x-rays rather than not, especially when possible treatment includes spinal adjustments, unlike in medical intervention where they prescribe medication first and test later, Chiropractic is uniquely placed to be able to identify the location of spinal misalignments accurately via x-ray as shown by the extensive research performed by Deed Harrison et al. Chiropractic radiography has a role in exploring mechanical pain and biomechanical health issues and should not be

limited to the identification of "red-flag" pathologies. Those conditions include thoracic kyphosis, disc disease and spinal degeneration, scoliosis. spinal stenosis, mechanical neck and back pain and radicular pain and headache. To restrict when x-rays can be taken not only restricts the Chiropractor but also the health consumers' choices. Surely utilizing the ACR or PCCRP guidelines would be more appropriate to the Chiropractic profession.

2.6.4

It appears there is an assumption that one type of assessment and one type of care must fit all clinicians for all patients all of the time. Chiropractic is a diverse profession with a growing and diverse range of relevant treatment protocols. Is there not a range of treatment options within all primary health-care disciplines among a wide range of different patient profiles, expectations and needs. Whilst all care should be taken not to use an excessive amount of ionizing radiation, the restrictions being outlined in 2.6.4 takes away the ability of a Chiropractor's to make appropriate clinical and biomechanical progressive decisions which may limit the ability to discuss ongoing care objectively with consumers. There are recognized techniques that rely on x-ray analysis as a guide for care. For example CBP, atlas orthogonal, Gonstead.

2.9

This point on Acupuncture has no place in this document. It is a separate modality.

2.10.7

In regards to the ongoing care of children. With the plethora of clinical evidence of benefit for ongoing Chiropractic care for children, it seems to base this point on "evidence" is potentially denying children a better level of health. To go as far as to say regular chiropractic care for children is not recommend by the board
seems to be contrary to the outline that Chiropractic serves a place in preventative health care. Objective measures should be a part of ongoing care for both children and adults to justify ongoing care, for example progressive x-rays etc. It shows the lack of confidence the national board has of the chiropractic profession. The ongoing care of children has been shown to be safe and effective over time. Evidence of this is in the fact that in over 30 years there has only ever been 1 complaint in NSW.

5.1

In regards to Spinal postural assessment and public place marketing.

Whilst I agree that any public interaction that is conducted should be done in a safe and responsible manner. The restriction to not be able to ask if the public would like more information or to offer a business card or to gather information to be able to get them more extensive information goes too far. It actually limits the Chiropractors ability to provide them with a more thorough and comprehensive examination.

I would like to thank you for the opportunity to submit my comments and objections to the proposed guidelines. I hope for the sake of the continued success of Chiropractic as a profession that the code of professional practice for chiropractors in Australia be removed, or at a minimum the above points are modified to include all areas of Chiropractic practice for the benefit of the broader community. I have great respect that within the Chiropractic profession there are varied opinions, techniques and approaches, I would hope that the national guidelines would reflect the wide range of techniques, so as not to restrict the general publics' range of choice within the Chiropractic profession.

Yours sincerely,

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