To:
Cc:
Bcc:
Subject: Fw: Comments on proposed National Registration Guidelines

Dr. Eric Schwelm D.C.

106 Forrest Street

Cottesloe WA 6011

NB. this document sent by email only

Dear 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 hope these comments are of use to you.

Sincerely, Eric Schwelm Chiropractor