Dear Chiropractic Board of Australia,

Thank you for the opportunity to respond to the draft guidelines. Thanks also for your efforts in producing guidelines for chiropractors in the best interest of the Australian public. We do have some concerns about these guidelines, which we wish to bring to your attention.

1. We are concerned about the 'spirit' of the proposed guidelines. In particular, they seem overly prescriptive. Instead they should be a general guide only and consistent in nature with guidelines issued for other registered health care professions. We consider much of the draft guidelines to be disrespectful of the chiropractic profession, and if published as is, imply to the public that the majority of chiropractors lack common sense, are unintelligent, unscientific and unprofessional since they need guidelines of this type to 'keep them in line'. The Board does not need to utilise an apparent 'stick' approach to 'bring the chiropractic profession into line', as the draft guidelines imply. Published as is, these guidelines would also serve to limit practitioners' abilities to properly assist patients, resulting in an increased burden on the health care system. How does this serve the Australian public? The Board has sufficient powers to bring to account individual practitioners engaging in unprofessional conduct, on a case-by-case basis. If further powers are needed to administer the Act, the Board has not provided evidence that its overly prescriptive guidelines are necessary to achieve this.

Actually, we would suggest that while practice styles may vary, most chiropractors would consider themselves to be patient-centred, science based practitioners. Hence, to have the Board impose overly prescriptive guidelines on Australian chiropractors supposedly on scientific grounds serves to offend those of us who respect the scientific process. Unfortunately, these draft guidelines are likely to alienate many science-based, patient-centred chiropractors. Instead the Board should be aiming to foster a positive chiropractic profession culture, by producing guidelines that the majority of the profession respects.

2. In the radiology/radiography section of the draft guidelines, we are concerned that the Board's decision to rely heavily on the Australian Radiation Protection and Nuclear Safety Agency codes of practice relating to ionizing radiation is misguided in light of the principles of evidence-based health care. As you'd know, evidence-based health care has three components: consideration of the best available evidence, practitioner experience, and patient values. When evidence is conflicting, inconclusive or absent; practitioners must then make clinical decisions based on their experience along with patient values. Evidence exists (1-5), that brings into question the concept of the 'As Low As Reasonably Achievable' (ALARA) ionizing radiation principle of no threshold before harm occurs. This adds further weight to our view of the Board's heavy handed approach to radiation safety. It has been demonstrated (6,7) that the chiropractic radiographic imaging protocol, as taught to undergraduate chiropractic students at RMIT, exceeds the safety margins required by state radiation safety boards. Since the current evidence concerning the ALARA principle is sufficiently inconclusive, the Board should acknowledge this in the guidelines document. Rather than the Board unnecessarily worrying the public, and even some chiropractors about alleged dangers of low dose ionizing radiation that chiropractors typically use (6-9), the Board would be serving the public better if they show leadership in communicating to the public that they are guiding chiropractors to perform best practice chiropractic radiography. Accordingly, the Board would be better off detailing strategies that make overall doses lower in any diagnostic imaging series rather than emphasising limiting the number of views taken. If the Board is serious about effective limitation of ionizing radiation, the following should be inserted in the guidelines document: "The following radiographic methodology is required: (a) Use of Nolan and/or Bauer filters; (b) extended focal-film-distance (FFD) to take advantage of the inverse square law; (c) soft

tissue compression where possible: (d) gonadal shielding; (e) collimation; (f) additional filtration on the external tube housing to harden the beam."

Furthermore, where is the evidence, other than anecdotal, of chiropractors abusing the diagnostic imaging tool? Our concern is that a financial rather than public safety agenda is behind the Government's overall push to limit use of ionizing radiation in health care in Australia. The Board would be wise to take heed of this.

We'd appreciate the Board's response to the following clinical scenario regarding its view of routine biomechanical analysis:

> In the clinical assessment of kinesiological development, radiography is an important tool to evaluate biomechanical parameters, since development of neuromotor patterns depend on geometry of structure and vice versa, ie: structure versus function and vice versa. These biomechanical parameters include local, regional and global aspects. Understanding these parameters are particularly important to help facilitate optimum management of chronic, recurring and complex locomotor system related disorders. These types of parameters are taught in the undergraduate chiropractic program at RMIT within the orthopaedic radiographic analysis unit. A local parameter example such as for the hip includes angle of inclination, angle of torsion, depth of the labrum. Some regional parameter examples include the sacral angle, pelvic inclination angle, lumbosacral angle. Global parameter examples include measurements of degree of balance between all segments in all planes, centre of gravity measurements. Furthermore, some non chiropractor experts in rehabilitation of locomotor system related disorders emphasise the importance of performing plain film radiography to measure these parameters to help determine management pathways and prognosis.

Our concern is that chiropractors will be guilty of unprofessional conduct if they use a legitimate diagnostic assessment tool in this way.

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