GONSTEAD CHIROPRACTIC SOCIETY (AUSTRALIA)

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Chair
Chiropractic Board of Australia

Dear Sir/ Madam,

The Gonstead Chiropractic Society (Australia) represents 150-plus practising members and several hundred Chiropractic students throughout Australia and New Zealand. The GCS (Aust) conducts Seminars and workshops in Australia and New Zealand on the Gonstead Technique. The Gonstead Technique represents the worlds longest running Chiropractic seminar and is taught in some form at nearly all Chiropractic colleges around the world, in particular at Macquarie University, RMIT and New Zealand College of Chiropractic.

As the Gonstead Chiropractic Society (Aust) is dedicated to the education of Chiropractors and the way they apply the Chiropractic principle, we would like to offer our comments in regard to the proposed codes and guidelines. The safety of patients is our major objective and we believe that this may be compromised if many of these proposals proceed.

The GCS (Aust) and its members pride themselves on specific, effective and safe Chiropractic care. We do not wish to compromise any of these factors in our private practices. As Gonstead Chiropractors we utilise the radiographic analysis to confirm our clinical impression of the patient. The primary determination of the nature and location of the likely subluxation is made with consideration of the patient history, instrumentation, visualisation, static palpation and motion palpation. Once the physical examination is completed, the Gonstead Chiropractor would normally refer to the radiograph to confirm his/her clinical impression of the patient. The listing, that the image provides, enables the chiropractor to be segmentally specific and apply the correct line of drive when delivering the adjustment to correct the subluxation.

Chiropractors can be legally liable for incorrect treatments that result in patient injury. Chiropractors use X-rays to investigate the possible presence of pathology and congenital defects in patients. In addition we need X-ray images to determine the cause of segmental dyskinesia that is accompanied by symptoms and signs such as pain, paresthesia, antalgia and others.

Chiropractors, especially those that use the Gonstead System of Chiropractic, utilise a segmental specific hands on adjusting technique that requires a high degree of intersegmental accuracy in the diagnosis (and understanding of an individual's anatomical uniqueness). This accuracy is the reason for its effective resolution of the presenting complaints. The x-ray image gives the practitioner information relating to the line of correction, the best adjusting table of choice, depth of adjustment required, on going preventative/maintenance advice, patient management and outcome expectations.

The use of "red flag" guidelines is inappropriate for the Chiropractic profession. *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:……* While we accept that this guideline may be appropriate for general medical practice, there are obvious differences in patient management from general medicine to Chiropractic. *2.6 Chiropractors use radiography for several purposes following the identification of various history and examination findings, including: confirmation of diagnosis/pathology; determining appropriateness of care; identifying contra- indications or factors that would affect or modify the type of treatment proposed and to allay significant health consumer anxiety/fear.* I can appreciate how vertebral count, vertebral architecture, the presence of congenital anomalies, the plane line of the disc, and so on, would be of little interest to the GP who is considering which anti-inflammatory drug he is going to write a script for, or which referral he is going to recommend. The Chiropractors need for an x-ray differs from the medical profession and these rights need to be preserved by our legislative body. Every effort should be made to limit the erosion of our diagnostic ability and the erosion of our safety to the patient.

The comments made in 2.6 and then in 2.6.2 are contradictory as the list of "Red Flags" does not allow the Chiropractor to "determine appropriateness of care; identify contra-indications or factors that would affect or modify the type of treatment proposed" There are a multitude of congenital conditions that are only identifiable on x-ray that may affect or modify the care for the patient e.g. congenital block vertebra, sacralisation, lumbarisation, occipitalisation, cervical ribs, hemi vertebra. The list is very long and not needed here. Old compression fractures and spondylolisthesis are conditions that will affect the type of treatment provided. How do you know if there are conditions in the patient that may alter your approach to care unless you take a film? It is then that you will see the structure that is about to receive your high velocity short amplitude thrust.

To see is to know and not to see is to guess. As these guidelines are about patient safety I am sure the health consumer would not want any practitioner guessing about their spine and the care that Chiropractic offers. To limit Chiropractors to x-raying only for 'Red Flag' conditions is of a great risk to the consumer's safety. It is not in their best interest to guess. The Chiropractor as a registered, University trained, health care professional must retain the right to determine when and when not to take an x-ray based on their clinical examination and findings.

We agree that any decision to take an x-ray must be justified. We have already outlined

the many justifications above.
We do not agree that a Chiropractor has to demonstrate that the benefits outweigh the risk of ionizing radiation. The risks are so low that the proposal is farcical and demonstrates a lack of appreciation of the progress made in the technology of spinal X-Ray imaging.
2.6.1A practitioner must be able to justify any decision to obtain any diagnostic imaging of a patient and demonstrate that any benefits outweigh the risks associated with ionizing radiation.

Physicists from the Victorian Radiation Safety department have expressed to one of our members that they consider the doses in Chiropractic practices are usually insignificant. Chiropractors are unique amongst x-ray personnel, in that they usually measure their patients and calculate an exposure rather than rely on estimated exposures and then several re-takes to get the correct exposure values and the correct image density. Hence re-takes in Chiropractic practice are rare, whereas they are, or have been, commonplace in radiology practices. Most Chiropractors now have rare earth screens, many have high frequency generators and there is a progression towards digital radiography now that the price of digital equipment is becoming more reasonable. Re-takes never occur when using digital imaging. The recent requirement for compliance testing and certification of a Chiropractor's x-ray installations will serve to increase the average quality of equipment in the field. It is accepted that full spine radiography, as practised by most of our members, produces a less total body dose than does sectional radiography as performed in medical radiology clinics.

Therefore, we are left wondering what the intended guidelines are attempting to protect the public from. One New Zealand study likened the radiation dose (from an OPG procedure) to the same risk of mortality as smoking one cigarette, driving 10 kilometres in a car, or flying 400 kilometres in an aircraft. We accept that the risks of these everyday activities are acceptable and do not cause us to cease these activities. We do not accept that the type of restraint outlined above, is necessary.

The taking of any x-ray is never routine and the same applies to children. There are certain conditions in children that require accurate x-ray analysis to determine the most appropriate approach to care. An example of this is in the occipital subluxation that can go either Anterior Superior or Posterior Superior. This subluxation (positional dyskinesia fixation) can only be accurately identified on the lateral cervical film. An incorrect guess can have devastating effects on the patients care. As Gonstead chiropractors, we do not guess. We see the subluxation on the radiographic image and then make the decision on the specific contact plus the precise line of drive to correct the subluxation. This knowledge allows us to proceed with the treatment with full confidence and a thorough knowledge of the patient's condition.
2.6.3 The clinical indications 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.

Taking of x-rays without a clinical justification is inappropriate. It is up to the registered Chiropractor to determine if the patient is a Chiropractic case by utilising history, structural analysis, instrumentation, static and motion palpation, other chiropractic,

orthopaedic and neurological tests. If the information from taking an x-ray alters or modifies the care that the Chiropractor delivers, then a film should be taken. Delivery of Gonstead and many other Chiropractic techniques is made safer, more effective (fewer visits for the patient) and more specific through knowledge that is only obtained through viewing the patients' spine in its entirety in a weight-bearing manner.

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.

We congratulate you on addressing the issue of unsubstantiated repeat radiographs. We are generally in support of the Board here, and believe that many repeat radiographs are unnecessary. We would also hope you understand that there are legitimate reasons for repeat studies to be done and that we reserve the right and the privilege to perform these when necessary. With regard to pre-employment radiographs, some of our members perform these and your proposed restriction may have a medico legal impact.

With regards to re X-raying patients:

We believe that sound clinical findings must be present to justify a further X-ray image. Chiropractic findings of symptoms resolving, combined with the occurring restoration of intersegmental function, negate the need for another X-ray image. When the patient's symptoms are not improving or worsening, then the need for a further image may be required. This also applies if other biomechanical and neurological findings appear. The re X-ray of a patient purely for postural evaluation (scoliosis) is not warranted inside twelve months.

It is fair to say that the GCS (Aust) recommends reserving the right to re x-ray in appropriate circumstances, which should be dealt with on a case by case basis.

If these proposed amendments were to be implemented, the Chiropractor would have no choice other than to point out that the Federal Government placed the limitations on his diagnosis. The Federal Government would be obliged to indemnify all registered Chiropractors where it could be demonstrated that any resulting injury may have been prevented by a simple X-ray examination. It is highly likely that this legislation would expose the government to civil litigation where an injured patient could demonstrate that the ability of their Chiropractor was impeded by such dramatic amendment to their diagnostic ability.

9.2 Acupuncture and Dry Needling. The GCS asks what this has to do with Chiropractic and questions its inclusion in the Chiropractic guidelines.

Code of Conduct for health registered practitioners

9.2.c "understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases"

Whilst the GCS (Aust) has no official position on immunisation as it is not Chiropractic, we are concerned that this comment appears to be a requirement of being a registered

health care practitioner. As immunisation is not compulsory in Australia then it is up to the individual practitioner of any health profession to decide if they wish to be immunised or not.

Throughout the Draft guidelines there is no mention of Peer Review in assessing a breach of the Guidelines. Chiropractic is a diverse profession that has many different and distinct applications of the Chiropractic principle. Any breach of any guideline must be assessed by appropriately qualified individuals who understand the technique in question and the specifics of that techniques application. Peer review is an accepted way of ensuring that appropriate standards of care are being given and adjudicated by those that understand Chiropractic.

I trust the Board will reconsider the proposed Guidelines and prepare a document that best represents all Chiropractors and their patients and allows Chiropractors to continue to serve the public as they have done so for decades.

Yours Sincerely,

Andrew Stevenson
President GCS (Aust)