

## Towards the development of guidelines on chiropractic care and practice: an opportunity to enhance professional credibility



Since the mid 1970's, chiropractic education and research efforts have resulted in respected advances for the profession. Chiropractic treatment has now been more thoroughly studied than many other established treatment techniques for back pain. The relative softening of biased attitudes to chiropractic education and research over the last 15 years has been quite remarkable. Chiropractic presentations at prominent multidisciplinary conferences, the production of several refereed chiropractic journals and some two dozen or more texts by major medical publishers, interdisciplinary postgraduate research and education fellowships, randomized control trials, etc. have largely been responsible for enhancing the profession's image. However, the reputation of the practice of chiropractic isolated 'in the field' has not progressed as rapidly.

The field practitioner must now keep pace with rapid changes in research and education. Despite the achievements made in chiropractic generally over many years, there is still a formal reluctance on the part of others involved in health care to refer patients for chiropractic care unless they have had good recommendations or favourable past experience with a particular local chiropractor. Central to this reluctance has been the wide and unexplained variation in practice styles and costs for patients undergoing treatment for similar conditions, confusing or inconsistent terminology and other difficulties that may be related to the chiropractic image.<sup>1</sup>

The issues of standardization based on reliable and valid methods of practice and public accountability are certainly not

unique to chiropractic, but it would appear that our profession's overall approach is not blessed with the blind trust enjoyed by other health care professions. Bias aside, the chiropractic profession must take a critical look at why this perception prevails by fair-minded decision-makers in the political, legal, insurance, medical and academic communities. Perhaps one significant way to remedy these problems and simultaneously keep pace with advances in education and research would be for chiropractors to become supporting participants in the development and implementation of quality care initiatives.

Over the last several years, there has been ample social science and biomedical evidence of the growing need to establish uniform standards of quality care and practice in all fields of health care.<sup>2</sup> Third-party payers and quality monitoring agencies are investigating health care efficiency; for example, necessary and appropriate cost-effective methods of providing health care, complimentary health services, physician accountability, measurement of quality assurance and outcome assessment. Compensation boards, health insurance carriers, lawyers specializing in malpractice, patients' rights groups are all requesting information on what constitutes reasonable and necessary quality care. In fact, these groups have arbitrarily decided on the role of chiropractic practice in health care based upon medical and legal opinion.

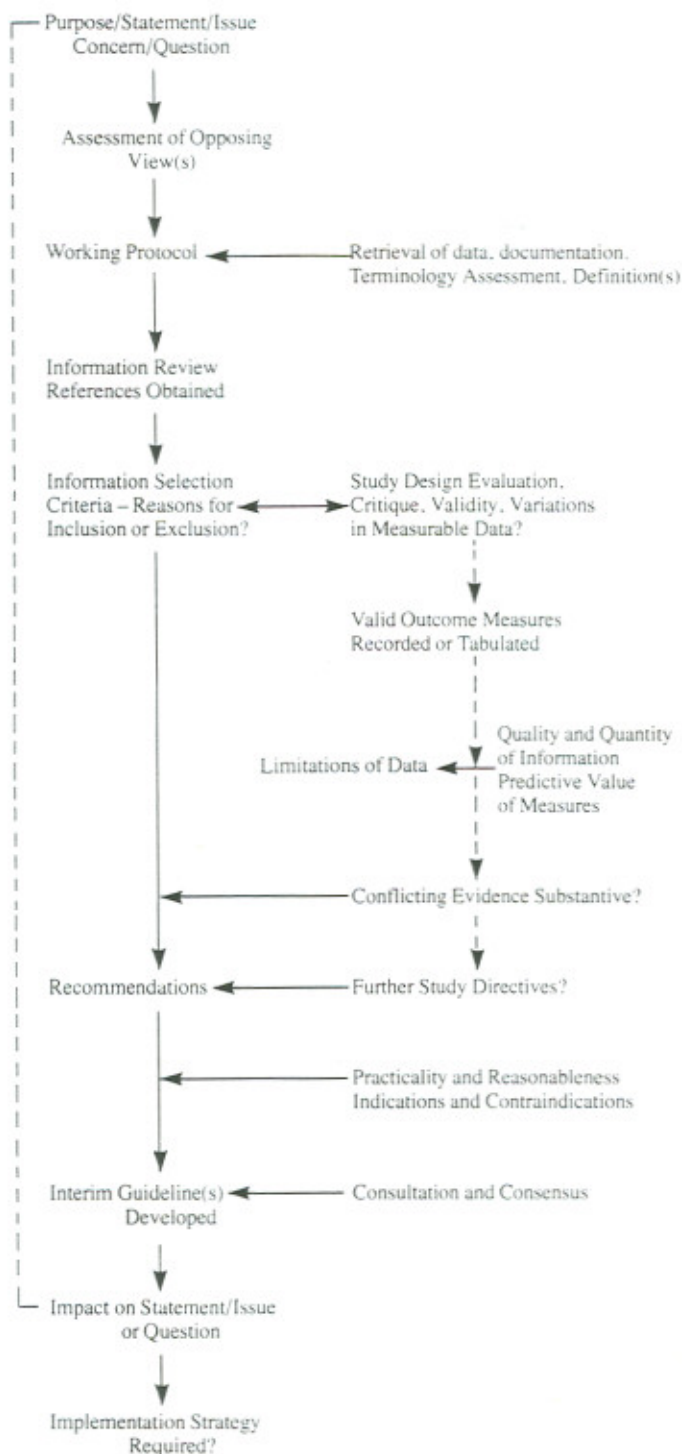
The chiropractic profession must face the urgent challenge of establishing standards of practice guidelines or risk having them imposed, rather than influenced, by other health care stakeholders. Obviously, guideline recommendations established by the profession is preferred. The Canadian Chiropractic Association has been committed to a strategic plan and structured process (see Figure 1) involving consensus methods in the drafting of guidelines. Guidelines may be defined as systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances. They are not, however, intended to replace a clinician's judgement or establish the only reasonable evaluation or treatment approach for all patients with a particular condition.

What is the overall purpose of the CCA's plan to develop explicit guideline recommendations? Adapted from the Harvard Community Health Plan,<sup>3</sup> a common goal or objective for the chiropractic profession in establishing standards of practice guidelines might be:

- To improve the ability of chiropractic clinicians to provide care to patients that is consistently of the highest quality by:
- a) developing, disseminating, and continuously updating uniform, state-of-the-art guidelines for the optimal cost-effective evaluation and management of important clinical problems; and,



**FIGURE 1  
REVIEW ANALYSIS FOR  
GUIDELINE RECOMMENDATIONS**



b) incorporating guideline recommendations into practitioners' daily practice routine in a manner that facilitates, rather than complicates, practice management.

Since May of 1990, thirty chiropractic clinicians and researchers appointed by every chiropractic organization in Canada have served on a Standards of Practice Review group whose task it has been to review the literature and prepare draft statements on a number of areas of chiropractic practice. (see Table 1) Concurrently, a similar process chaired by Dr. Scott Haldeman is underway in the United States and will result in the publication of a comprehensive practice guidelines document at the conclusion of a consensus conference in San Francisco during the week of January 25-30, 1992. Not unpredictably, a text on chiropractic standards of practice has already been published affirming the urgent need for public accountability in practice, education and research.<sup>4</sup>

Given the impact that these and other external efforts will have on chiropractic practice, the Canadian Chiropractic Association, in co-operation with all other chiropractic governing bodies, is planning its own consensus conference on practice standards during the spring of 1993. Preliminary practice guidelines will be disseminated in order to encourage and allow for constructive input by all chiropractors well in advance of the consensus conference.

The process of public accountability and the need for improved and cost-effective quality care will be hallmark initiatives guiding health care policy over the next decade. The development of provincial peer review programs monitoring x-ray quality, certification exams, clinical test review surveys by the Canadian Chiropractic Protective Association, mandatory attendance at accredited postgraduate conferences are examples of chiropractic quality assurance activities already in place. These current measures, however, only begin to address the concern for the rights and expectations of patients choosing chiropractic care.

The chiropractic profession must continuously seek methods, based on sound clinical research, to improve the quality of patient care. If standards of quality care and practice are not determined by chiropractors, they will be determined for practising chiropractors by third-party agencies. The Canadian Chiropractic Association, in co-operation with provincial associations, the Canadian Memorial Chiropractic College and other prominent chiropractic organizations throughout Canada require the support of all chiropractors in meeting this challenge. The development and implementation of guideline recommendations using consensus methods can only enhance the acceptance, utilization and credibility of chiropractic services in Canada.

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**TABLE 1**  
**AREAS FOR GUIDELINES**

The various areas of chiropractic practice in which standards for practice are being established in this process appear below. (Team members for each area are given, with team leaders first in bold type.)

Informed Consent	Outcome Assessment
<b>Carey</b> , Belyea, Cochrane	<b>Barbuto</b> , Nykoliation, Vear
Initial Clinical Examination	Interprofessional Networking
<b>Mrozek</b> , Pallister, Seaman	<b>Buettner</b> , Diakow, Goyeche
Initial Documentation	Management of Treatment Complications
<b>Seaman</b> , Belyea, Carey	<b>Henderson</b> , Gatterman, Morrison
X-ray Imaging	Maintenance/Preventative/Supportive Care
<b>Hardman</b> , Hill, Henderson	<b>Kerr</b> , Mrozek, Nixdorf
Laboratory Procedures	Continuing Education
<b>Boisvert</b> , Hardman, Goodyear, Hayhoe	<b>Naccarato</b> , Pallister, Goodyear
Therapeutic and Diagnostic Instrumentation	Role of Associations/Licensing Boards in Developing and Ensuring Standards
<b>Pallister</b> , Boisvert, Hill	<b>Robinson</b> , Wilson, Vear, Buettner
Analysis/Diagnosis/Impression	Research in Quality Care
<b>Mrozek</b> , Diakow, Nykoliation	<b>Vear</b> , Naccarato, Diakow
Record Keeping	Practice Advertising
<b>Morrison</b> , Carey, Buettner	<b>Goyeche</b> , Wilson, Kerr, Hayhoe
Frequency and Duration of Care	Chiropractic Terminology/Glossary
<b>Mcleod</b> , Robinson, Buettner	<b>Gatterman</b> , Morrison, Naccarato
Periodic Re-assessment	
<b>Nixdorf</b> , Barbuto, Mcleod	
Modes of Care/Management	
<b>Nykoliation</b> , Wilson, Goodyear, Vernon	

**References**

- 1 Bauman N. Chiropractors: can't get no respect! (or can they?). *ACA Journal of Chiropractic* 1991; 28(7):28-38. Reprinted from *Insurance Settlements Journal*, 1991.
- 2 Lomas J. Words without action? The production, dissemination, and impact of consensus recommendations. *Annu Rev Publ Health* 1991; 12:41-65.
- 3 Gottlieb LK, Margolis CZ, Schoenbaum SC. Clinical practice guidelines at an HMO: Development and implementation in a quality improvement model. *Qual Rev Bull* 1990; 16(2):80-82.
- 4 Vear H. Editor. *Chiropractic standards of practice and quality of care*. Gaithersburg, Maryland: Aspen Publishers, Inc, 1992.