Adjusting Expectations

A conversation about conquering stereotypes, finding balance & leadership

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CCA Plus is the Canadian Chiropractic Association’s exclusive member benefit program. It offers a range of products and services uniquely tailored to meet the professional and personal interests and needs of members at preferred CCA rates.

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The decision to produce this issue of BACK Matters was difficult.

The COVID-19 pandemic has altered the way we work, shuttering offices and clinics across the country. Many of us – including me – are unable to help our patients in a way we and Canadians are used to. We have had to adapt and make sacrifices that affect our livelihood. Every day I wake up and wonder when normal will return. We simply do not know.

In consideration of the seismic shift in our world, we asked ourselves if this was the right time to share the stories tucked between these pages. They were prepared at a very different time and with a different mindset than what we have now as a result of our current daily reality. In the end, we chose to publish because the stories embody our commitment to help Canadians lead the healthy, active lives they want. While our circumstances have changed, that commitment remains – and is being strengthened every day of our required social distancing efforts across our country.

Further, given this is a print publication, we also needed to confirm that it was a safe and prudent decision to proceed. Our printer confirmed they are a designated essential service. They have also scaled back their workplace to ensure social distancing.

In light of this, we decided to proceed with a printed version of BACK Matters, also including our 2017–2019 Strategic Report and 2020–2023 Strategic Plan. We hope the stories and information bring you some respite from what we are each experiencing on a daily basis under current circumstances. We hope that hearing about successes and good news about our profession can lift your spirits.

Now for a request – we would appreciate hearing your stories of living through this pandemic to the best of your ability. We want to include them in upcoming issues of BACK Matters. You can reach us at backmatters@chiropractic.ca or our Facebook members page.

Wherever you are across this country, remember that you are part of a resilient community. 

Together, we will endure.

#ChiroStrong

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Chair of the Canadian Chiropractic Association
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At the Canadian Chiropractic Association, we are determined to help more Canadians live the healthy, active lives they want by making access to chiropractic care more readily available to them. Our work is guided by the unique value of chiropractic and the expertise of chiropractors in responding to the millions of Canadians affected by neuromusculoskeletal pain and disability.
It is encouraging that the number of chiropractors is growing as well as the number of Canadians accessing our care — both in absolute numbers and in terms of percentage of the adult population (see Message from the CEO, page 8). At the same time, we know that many Canadians who want to access our services cannot do so, usually for financial reasons.

That is why our vision is so important — chiropractors will be an integral part of every Canadian’s healthcare team by 2023. We created this vision in 2013 and have been focused on achieving it since then because we know it will make a difference in the lives of millions of Canadians.

There are three ways our vision comes to life. First, patients choose chiropractors as members of their personal healthcare team. Second, chiropractors join multidisciplinary teams with other healthcare professionals. Third, the CCA is present at the table for government health policy development initiatives so our profession contributes to solutions for Canadians’ health.

Since 2013, we have accomplished a great deal. We can celebrate the increasing number of Canadians who are choosing, using and benefiting from our services. Chiropractors are partnering with other healthcare professionals in ways unimagined in 2013. And the CCA and chiropractors are playing key roles in addressing vital health policy issues, such as the opioid crisis.

THE 2020-2023 STRATEGIC PLAN
To sustain and build momentum to achieve our vision, during 2019, the CCA Board of Directors spent six months updating our goals and strategies. The result is our 2020-2023 Strategic Plan. You can find a print summary of it along with this BACK Matters.

The first implementation step came in January 2020 when I shared that when speaking with our members, the CCA will refer to chiropractors as neuromusculoskeletal experts. You told us that neuromusculoskeletal expert is the description that fully acknowledges the skills, training and impact we have. As a more accessible definition, we continue to use spine, muscle and nervous system experts to refer to chiropractors when speaking with the public.

HOW YOU CAN HELP
We know from surveys that members know and support our vision. Here are some things you can do to speed us along to achieving it:

JOIN the conversation by following our social media accounts.
DONATE to support the Canadian Chiropractic Research Foundation.
LEND your voice to campaigns to make the Canadian government aware of how chiropractic care keeps Canadians healthy and active.
VOLUNTEER your time to help the Canadian Chiropractic Association achieve our vision and goals.

The CCA is here to listen and to support each of you, our members. I hope you are as eager as I am for our vision to become a reality. It will benefit Canadians. We are uniquely placed to make a difference to their health.

I also sincerely hope you remain inspired as a profession to support Canadians whenever they seek our help and will continue to support the CCA’s efforts to ensure chiropractors will be an integral part of every Canadian’s healthcare team by 2023!

STRATEGIC PLAN GOALS AND ACTION ITEMS
The following action items are already underway to deliver on priority areas of the Strategic Plan:

Become Canadians’ trusted healthcare profession for spine, muscle and nervous system problems and health
We work with the public to improve the patient experience and to increase awareness of the benefits of chiropractic care. We are making a special effort to help early career chiropractors be successful. We fund research and help move evidence into best practice guidelines.

Improve the healthcare system’s approach to spine, muscle and nervous system health
We advocate for provincial chiropractic regulatory bodies to standardize their regulations and clarify standards on issues of concern to the public. We publish best practices on issues that impact the profession and our patients. We work with the federal government to innovate how healthcare is provided—partnering to develop policies; addressing national healthcare crises; and improving access for indigenous peoples, refugees and veterans.

Partner with the health benefits insurance sector to improve chiropractic coverage
We build strong partnerships with the health insurance sector and other healthcare professionals to sustain and increase chiropractic coverage. We also educate employers and unions about the burden of spine, muscle and nervous system problems and offer solutions.
INSIGHTS TO OPPORTUNITIES

What do Canadians think about chiropractors?
In 2019, we asked them. Bottom line, more Canadians than ever use our services! An estimated 4.7 million adult Canadians, or 16 per cent of those 18+, visited a chiropractor in 2019. That is a remarkable 500,000 more Canadians seeing a chiropractor than in 2013 when we last did this survey.

This finding alone shows us that Canadians find value in chiropractic care. Of course, there were other findings in the survey carried out by Ipsos – additional good news, along with areas to improve. We did a similar survey in 2013, so we can compare results over time.

The good news
Canadians are more familiar with our profession than they were in 2013. The percentage familiar with chiropractic increased 3 per cent to 74 per cent of respondents. We also experienced an 8 per cent increase in respondents who are favourable to chiropractic care, and an 8 per cent increase in trust. A majority, 57 per cent, agreed there is an opportunity for chiropractors to play a bigger role in their healthcare, another 8 per cent increase from 2013.

These results are great news, showing that an increasing number of Canadians value our care. Our combined efforts – yours in treating patients to the best of your ability, along with everything we are doing on behalf of the profession at the CCA and provincial associations – are delivering results.

Food for thought
Of course, the survey highlighted areas to improve.

Despite the good news noted above, a key indicator of patient satisfaction is willingness to recommend chiropractic care to people they know. What we saw was that 74 per cent of respondents who visited a chiropractor would recommend chiropractic. While this is a good result, massage therapists and physiotherapists are at 90 per cent recommendation. We can conclude that patients are not fully satisfied with their experience and not strongly willing to recommend chiropractic.

In related findings, almost two-thirds of patients who stopped treatment did so before their problem was resolved. There is a prevailing belief among lapsed patients that the care they received was not immediately effective or that it required too many visits to get better.

Finally, a telling result is that 20 per cent of those who stopped care after one visit did so because they had a bad experience, which includes those who stopped because they felt the chiropractor hurt them.

Opportunity – first visit
We looked at the results through the lens of our vision that chiropractors will be an integral part of every Canadian’s healthcare team to see how we can take the findings and use them to continue the momentum we currently have.

The insight we will leverage is that if we can improve a patient’s first visit experience, we can build even better satisfaction and retention. What we know is that all patients come with expectations but not all are able to openly express them. Unfortunately, patients with unmet expectations may never complain directly but instead will not return for ongoing or follow-up care.

Managing care expectations is an investment of time with each patient. Generally, patients need to be listened to and want to be treated with the care, concern and compassion which we know chiropractors are exceptionally good at.

To look at what we can do, a number of factors are at play to improve the first visit. First, clear and effective expectation management is central. New patients need to know what they are getting into, the path to better health, and what they need to do as part of that improvement. Second, chiropractors need access to the most up-to-date best practices. To achieve that, the CCA will strengthen relationships with organizations developing and disseminating the highest quality research, including the Canadian Chiropractic Research Foundation, the Canadian Chiropractic Guideline Initiative and the RRS Education Member Program.

Ready to make a difference!
These survey results are a gift from Canadians of information we can now act upon. The results will guide us in the years to come. As Johann Wolfgang von Goethe said: “Knowing is not enough; we must apply. Willing is not enough; we must do.” We are ready!
This new decade has ushered in some changes at the Canadian Chiropractic Protective Association (CCPA). Though some of us have taken on new roles, the faces remain the same. What has not changed is our unwavering commitment to you, our members, and our profession.

CCPA was formed 34 years ago in a time of crisis. The profession had been abandoned and Canadian chiropractors could not obtain malpractice insurance — without which they could not practice. Through force of will, ingenuity and, most importantly, collaboration, the CCA formed the CCPA with the assistance of its provincial partners. We have never forgotten what happened. It is a significant part of what drives us. We protect, guide, advise, support and defend you — all directed and coordinated by chiropractors, peers who know and understand what you do and why you do it.

It is now easier than ever to communicate with each other. But while an email is effective for general questions about your membership, we urge you to call us when you’re in the midst of a conflict or crisis. Too often we get calls after a problem has already spiralled out of control, when a doctor has decided to navigate things on their own. Don’t let the issue linger. The sooner we hear from you, the more we can help. We have defused many situations because a member contacted us early. Wouldn’t you rather have our assistance before a problem becomes a two-alarm blaze? Most of the time, all you need is someone to listen and help coordinate your thoughts into an action plan driven by logic — not actions hijacked by the emotion of the moment. Sometimes, we might have to relay something that can be difficult to hear. But we are always protecting your best interest. We share our knowledge and experience so you can gain control. Just as you care for your patients, we do the same for you.

We call it “sleep-at-night protection.”

If you are facing a volatile situation — say, a patient who is upset and demands a refund — call us before going it alone. If you receive a regulatory complaint, pick up the phone. We will help you understand and navigate the potential threat to your license. Make the call if something does not feel right in your practice and you are unsure where to turn. We are ready to listen and help.

Early on in my tenure, people asked me what it was like to work here. They wondered, now that I had seen behind the curtain, was I concerned about the profession and its future?

My answer was and still is: I am not. Like every other healthcare profession, we have challenges. There is always room to do better. Thinking otherwise would do a disservice to our patients, ourselves, those who came before us, and those yet to come. We have a valuable role to play in the healthcare of Canadians. We must ensure that we do not take this opportunity for granted.
Three weeks after Jeff MacKinnon got married, he suffered a mild heart attack. “I fell, hit my head, dislocated my left shoulder and herniated a disc in my neck,” he says. “I haven’t been able to do regular chores around the house like sweeping, mopping, lifting things,” MacKinnon says. Chronic pain from that and other injuries brought him to the Hamilton Urban Core Community Health Centre (HUCCHC) on a chilly Friday afternoon in February. He was seeking relief from chronic neck pain from his chiropractor, Dr. Reginald Gates.
Once a month, Dr. Gates provides free chiropractic treatments from noon to 2:00 p.m. Without that, MacKinnon says he would be in greater pain.

MacKinnon says, “I can’t afford once a month, every month. I’m struggling. Because of all my injuries, I’m working at home, taking care of my son. This really is helping me, at least with my everyday life.”

This experience is typical. The patients cannot afford it – even though they benefit. These are not the same type of patients Dr. Gates treats at his Burlington practice or when he was with McMaster University’s Varsity Swim Team and Team Canada’s Kickboxing and Karate Teams. His work serves people with “mental health issues, poverty issues. And of course, that often leads to opioids.”

Dr. Gates explains how he helps: “A lot of times they cannot afford any type of drug plan so they’re trying to find different ways to help themselves. They come to us to find an alternative instead of medications.”

This work has also enhanced his skills as a practitioner. He must listen and explain a little more. He needs more patience and flexibility. “I find I’m able to concentrate better,” he says. “You get an opportunity to hear what their problems are and how it affects them.”

The clinic’s other chiropractor is Dr. Michelle Leggat. She worked with Dr. Gates at McMaster but is now retired from practice – except the HUCCHC. When Dr. Gates called and asked her to help six years ago, she agreed. “It’s important to show people what we actually do and who we are, and giving access to people that can’t afford it,” she says. “Many have addiction issues so there’s a lot of falls, a lot of spills, a lot of traumatic lifestyles.”

Working in your community

Six years ago, he heard about this volunteer opportunity and jumped at the chance. “I keep coming back because I enjoy the interactions,” he says. “After working at this clinic, you feel so much better because you’ve been able to give something of yourself. The best part is the patients are so appreciative.”

Denise Brooks, Executive Director of HUCCHC describes their clientele: “Here in Hamilton, the highest levels of poverty, of marginalization, excluded and vulnerable are in the inner city.”

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You get to know everybody

The process remains the same as a standard visit – examinations, history, treatments and follow up. “I’m with them usually 10 minutes at least,” Dr. Leggat says. “We talk a lot and after so many years you get to know everybody. They bring their families and their friends and they’re always like, ‘When are you back, I feel great?’”

One of the few differences from a usual visit is that
everything happens in the open — in front of other patients and anyone curious enough to wander in and see what is happening.

Sixty-seven-year-old retiree Julie Gordon is a regular patient. She heard about the clinic from her girlfriend and has been Dr. Gates’ patient for five years, even if he’s not Gordon’s first chiropractor. Her back pain started in the 1980s when she was working as a healthcare aide and injured herself lifting a patient.

At that time, she was training to work for Canada Border Services. “I missed half my training because I couldn’t sit. It was just awful. I went to the chiropractor because I was having trouble and my [medical doctor] just said, ‘Oh well, lay in bed for four days, which I did.’ I just found a chiropractor helped me to be able to walk right. And after the treatment I can walk better. I feel like, ‘Oh hey, I’m doing better’.

“I would definitely recommend it for anybody that has any kind of back problem, but they need to come more than once. Sometimes people will go once and they expect to be fixed overnight. It’s not an overnight cure.”

The trust and rapport with each patient is palpable. They joke with Drs. Leggat and Gates as they arrive, offering thank yous on their way out. Dr. Leggat is proud of her efforts: “They say how great they feel after their adjustment. It’s our care but it’s also that one-on-one contact that they don’t usually have.”

**Addressing opioid addiction**

Because the clientele’s higher risk of opioid addiction, Dr. Gates has been testing a clinical tool used by the Rapid Access Clinic Low Back Pain program that patients complete to help determine their susceptibility to opioid addiction. It enables Dr. Gates to identify issues and risks. Knowledge is power and this tool is about helping people make informed decisions. Dr. Gates says the tool’s effectiveness has led to other organizations, including the Centre for Addiction and Mental Health (CAMH) and the University Health Network in Toronto to plan to adopt it.

**On the horizon – helping even more**

Executive Director Denise Brooks is looking forward to chiropractic playing a larger role in HUCHC’s offerings: “I can’t imagine chiropractors not being here. As we move from this location to a new one — we have a building campaign and hopefully within the year we’ll be moving — one of the things that we talk about is space for chiropractic and to possibly expand that service.”

Dealing with pain is one of the key needs of the clientele. Given the HUCHC’s wellness approach, having chiropractors on site to help deal with pain is a valuable addition for those who need care and have challenges accessing it. Having a multidisciplinary team under one roof also allows for on the spot referrals to each other.
Dr. Theresa Tam was appointed Canada’s Chief Public Health Officer (CPHO) on June 26, 2017. She is a physician with expertise in immunization, infectious disease, emergency preparedness and global health security.

As the Government of Canada’s lead public health professional, Dr. Tam provides evidence-based advice to the Minister of Health and speaks to Canadians, health professionals and stakeholders about issues affecting the health of Canadians.
By and large, Canadians are privileged with good health. We have together benefited from a renowned universal health system, world-class research institutions, and progressive, community-based care. Our health system is continually evolving and advancing to meet the needs of Canadians. This is not without challenges. System sustainability, the viral spread of health misinformation and disinformation, and the regulation of new technologies, to name a few, will require innovative solutions at all levels of the health system.

At the same time, we can look to known solutions to help solve emerging problems. Prevention matters. We know that the social determinants of health such as education and income fundamentally influence health. In public health, we say the population is our patient. Our goal is to help Canadians achieve optimal health through population-level interventions, often in partnership with other sectors. We deliver these interventions with an equity lens focused on lifting up those most vulnerable among us and equipping people with the information they need to make choices for their good health.

**Working in Partnership**

Interventions with the greatest impact on the health of Canadians often require partnership and collaboration with sectors who are not always viewed as stakeholders in health. In my time as CPHO, I have seen that working under a common objective of improving the health of Canadians motivates and brings partners together.

Designing healthy built environments is a good example of partners from outside the health sector coming together under the shared objective of improved health and well-being. Where we live impacts our health, and how our environments are built can help lessen or worsen health inequities. I am heartened by the collaboration and commitment among government departments, urban planners, community activists, and the many others who have put health at the forefront of planning decisions. It is this type of collaboration that helps make healthy choices the easiest choice for Canadians.

Ensuring Canadians have access to the trusted, evidence-based sources of information needed to make healthy choices is vital in the age of misinformation and disinformation. This requires collaboration with, among others, healthcare providers — including chiropractors — social media organizations, and digital literacy experts. There is urgency for ramping up efforts in this space. In my 2019 annual report on the state of public health in Canada, *Addressing Stigma: Towards a more inclusive health system*, I reported on rising rates of sexually transmitted infections such as syphilis and gonorrhoea, increases in youth vaping rates, and a resurgence of vaccine-preventable diseases. These trends are both worrisome and preventable. We can help address these trends by ensuring Canadians have access to evidence-based information in the spaces and platforms they use.

For the first time as CPHO, I had the pleasure of meeting with the CCA and leaders from the chiropractic profession in November 2019. We exchanged ideas on better chronic pain management as an integral response to the opioid overdose crisis, and how we can ensure our patients and clients get the evidence-based information they need on vaccines.

**Addressing Stigma in the Health System**

Moving forward, I will work with all levels and stakeholders of the health system to address stigma, the focus of my 2019 annual report. Stigma affects health by reducing access to services, increasing the risk of physical and mental health challenges, and placing stigmatized people at higher risk of assault and injury. Stigma is very much present in the health system, yet we can also act as powerful agents of change through brave leadership and commitment.

As healthcare practitioners and individuals, we have biases and are vulnerable to the use of stigmatizing language. We all want what’s best for our patients, so identifying and acknowledging our own stigmatizing practices can be difficult. In my report, I outline a number of steps individuals, researchers, and health system leaders can take to address stigma. I ask all of you to join me in eliminating stigma and building a more inclusive health system in Canada.

We each have a role to play in helping Canadians achieve optimal health. Working in partnership, addressing stigma in the health system, and providing Canadians with trusted, evidence-based information are ways we each can have broad, positive impacts on the health of all Canadians.

**We want to hear from you!**

How are you reducing stigma and supporting diversity in your practice? Share your interventions, training or stories with us at backmatters@chiropractic.ca.
A Growing FORCE

Meet some leading women in chiropractic
More women are studying and practicing chiropractic in Canada than ever. They have thriving practices, conduct crucial research and hold leadership roles in education and professional associations.

Progress has not been easy, and discrimination and stereotypes are still obstacles. Some male patients feel a woman lacks the strength to perform an adjustment. And women often have a heavier load in balancing family and profession.

Here are the voices of five women chiropractors speaking about their life journeys as chiropractors — the challenges, the rewards and how they seek to find balance in their busy lives.

Embracing Adaptation
Dr. Patricia Tavares, Toronto, ON
Canadian Memorial Chiropractic College

Patricia Tavares had everything she wanted — a booming practice in Toronto, a loving husband and three small children. Then doctors told her to stop practising or risk wrecking her hands. She had already undergone three hand surgeries for trigger fingers, carpal tunnel and tenosynovitis as a result of her pregnancies and repetitive hand work. She sold her practice and found her calling in community service, chiropractic research and teaching. She still adjusts to teach, but this does not stress her hands as much as private practice. As an Assistant Professor at Canadian Memorial Chiropractic College, she encourages aspiring female chiropractors to “Go for it! The flexibility and acceptance that women have now is greater than previously, making it easier to run a practice.” How does she manage her volunteer work and a job that often keeps her teaching students until 8 p.m.? “My husband is a huge support and my mother lives with us. Because she helps with domestic duties it allows me to be able to do all of my jobs and allows me to work the hours that I do. You also have to delegate duties to your kids as they grow up, letting them know that you are not Superwoman ... they need to help, too.” Patricia draws inspiration from her students. “They force me to keep learning and perfecting my art, diagnosing and problem solving to help our patients get better.” When she pictures the future of chiropractic, she sees practitioners in “hospitals triaging and consulting in emergency and in fracture clinics, where wait times are long, and money is poorly spent having orthopedic surgeons see patients who do not need surgery.” If she wasn’t a chiropractor, she would still want a hands-on career. “I’d be designing clothing, shoes and jewelry. Growing up the daughter of a seamstress, my clothes were always designed by my mother and me. I seek out unique pieces of jewelry from local artisans whenever I travel in Europe, the Caribbean or South America.”
Deflecting “the Look” Like a Boss

Dr. Jabeen Jussa, North Vancouver, BC
Northview Health and Wellness Centre

When Jabeen Jussa started her practice, what bothered her the most was “the look” that came from male patients. It said she was not strong enough to adjust them or assumed she was the office assistant. “I don’t even notice the look anymore because I’m more confident of my skills and ability to help my patients achieve their health goals.” Her advice for someone entering the field: “Read research papers. Enroll in business courses and shadow other chiropractors with different treatment and practice management styles. Keep in mind it takes work, patience and empathy. You can be your own boss.” On top of running a business, including managing staff, learning about marketing and dealing with finances, she travels, is a mentor for students and is a board member with the British Columbia Chiropractic Association. She wants young women to “be ready to change people’s lives. Through our care and treatment, we can reduce their pain, perhaps reduce their stress and help them live a healthier lifestyle.” She’s rewarded by having patients who had difficulty lifting their child or lacing their shoes be able to do these simple but essential tasks thanks to her care. It is not surprising that if she could be any superhero, she would be Wonder Woman. “I admire her mental and physical strength, her ability to empower and heal others. Unfortunately, I have not yet learned to fly.” How did she choose chiropractic? Friends introduced her to it after she opted out of a career in psychology. “Before I knew it, I was driving myself and my belongings to Portland [to attend the University of Western States].”

Raising the Profession’s Profile

Dr. Marie-Hélène Boivin, Montreal, QC
Centre Chiro-Express

Marie-Hélène Boivin first saw the value of chiropractic as a child. “My mother had back problems,” she says. “She would leave the house in acute pain and come back much better after her chiropractic treatment.” That memory stuck with her. She graduated from the Université du Québec à Trois-Rivières determined to “help people be healthy and relieve their pain.” She’s gone from student to practitioner to president of the Association des chiropraticiens du Québec (ACQ). That role began as an opportunity to fill a gap in her professional life. “I really wanted to be part of the decisions for the association and the profession.” But it’s a demanding role, one she piled onto a list that included raising her sons and maintaining her practice. Eventually, it required sacrifice. “I had to reduce my hours [at the clinic],” she says. “I had the feeling I was letting down my patients, but surprisingly I am more present in every aspect of my life with these changes, instead of trying to do everything at the same time.” She found support from her husband, family, friends and colleagues at the clinic. “They are always ready to help me when I miss work for ACQ duties or family matters.” Marie-Hélène recognizes it’s a juggling act. “Often, everything happens in a short period of time: finishing school, starting a practice and a family. I did it, but it was stressful. You have to find good mentors at the beginning of your practice, even before you graduate. It will help you succeed and manage your family, practice and commitments.”

Hand her a magic wand and the power to change the profession and she would cast a spell for unity. “Despite the diversity within the profession’s school of thoughts, we have to find a way to speak the same language, listen to one another and give a clear message to the public. This would be so empowering for the profession.”
Every day, Julie Yaworski stops to check in with herself.
“How am I feeling? Stressed? Anxious? Fatigued? Joyous? Fulfilled? What is missing from my life right now and what can I do to change it?” Entering her third year of practice, Julie realized that the hustle and grind mentality that often follows new graduates was unsustainable. “Looking after my own health — mental, physical, emotional — and setting boundaries is incredibly important to prevent burnout.” She carves out time for herself and her hobbies, family and friends, and volunteering. “I think about these commitments as little pots of energy. Am I putting too much energy into one pot? As practitioners, we need to look after ourselves in order to better care for others.” Julie moved to Swift Current, Sask., in 2017 to launch her practice. However, with any opportunity comes challenges. She had to sidestep comments on her size, her gender, her age and her perceived capabilities. “I found the best way to deal with these challenges is to bring my best to work every single day. The patients who like the way you practice will keep coming back.” Her favourite thing about the chiropractic profession has grown and evolved since graduating. “After a few years in practice, my role in a patient’s care is much more than I originally comprehended. One of the best parts of this profession is the relationship and trust that is built between myself and the patient. It is incredible when a patient comes to you for advice and guidance.” She “admires every single woman, past or present, who is working to break down boundaries, who works to move their profession forward and who creates pillars to raise up their colleagues, peers and community.” Outside the office, you can find Julie at the gym, spending quality time with friends and family, and listening to various podcasts while driving to and from Saskatoon.

There are a few things that get Alanna McDonald out of bed in the morning. One is the joy she gets from helping her patients through serious, or even minor, problems. “I’ve been so lucky to meet so many wonderful people and create connections that help their healing process.” The other is a peculiar alarm clock: her two small children. “I don’t stop from the minute my feet hit the ground until my kids go to bed, but I wouldn’t have it any other way.” With a husband who travels for work six months of the year, Alanna plans to ensure everything fits in her schedule. “I rely on family members to help me with the kids. I have a fantastic support network in my immediate and extended family.” Despite her busy schedule, she has chiseled out time to volunteer, exercise and visit her chiropractor. More men than women ask her about a career in chiropractic, but she would love to see more women get involved. Her advice to aspiring female chiropractors is a hand-me-down from her older brother, who is also a chiropractor. “Make sure you get good at adjusting,” she says. “It takes a ton of practice but I think some women are deterred because it’s so physical. Women are entirely capable of being great adjusters.” Speaking of adjustments, Alanna wants more Canadians to consider chiropractic. “If people understood how educated we are and how safe chiropractic is then we could be helping so many more people.” When she’s not practicing, parenting or serving as president of the Newfoundland and Labrador Chiropractic Association, you can find her gliding across the Atlantic Ocean. “Sailing is great team building time as a family and really without a solid family foundation I wouldn’t be where I am today.”
Announcing the 2020 CCA Award Winners

Every two years, the CCA honours those whose exceptional talent and service have advanced the profession. Congratulations to the winners! Thank you to Dr. Judy Forrester, Chair of the CCA Awards committee and her committee volunteers. As well, a special thanks to all our CCA members who submitted nominations.

In Memoriam:
Dr. Ken Goldie, Saskatchewan
Medal of Merit

Dr. Goldie proudly served his profession, patients, and community during his 53 years as a chiropractor. He was committed to the profession by sitting on the board of directors of many organizations, including the Chiropractors' Association of Saskatchewan, the Canadian Chiropractic Association, the Chiropractic Historical Association, and the Canadian Memorial Chiropractic College.

Giving back was also important to Dr. Goldie. He contacted local schools in Saskatchewan and persuaded them to collect socks for those in need as part of the Toasty Toes fundraiser. Each year, he collected the most socks of any chiropractor in the province.

He mentored many young practitioners, encouraging them to get involved with their provincial and national associations.

In semi-retirement, he participated in public events, collected and shared information about the history of chiropractic, and advocated for the profession.

Sadly, he passed away in October 2019. His commitment to chiropractic and his community was remarkable.

Dr. Steven Passmore, Manitoba
Researcher of the Year

Dr. Passmore, Associate Professor in the Faculty of Kinesiology and Recreation Management at the University of Manitoba, has carried out and published research for many years, including research funded by the Canadian Chiropractic Research Foundation.

One of his projects since 2011 has been to research the impact of including chiropractic care within the interdisciplinary healthcare professional team at Winnipeg’s Mount Carmel Clinic. It is an inner-city community health centre that serves those with the highest unemployment rate and lowest average family income in the city.

He has discovered that chiropractic care resulted in fewer referrals to other providers, thereby increasing the time primary care providers could spend with patients. The data he collected to determine who is being seen, for how long, their diagnoses, their course of care and its outcomes helped convince the Manitoba government to fund the chiropractic service beyond the pilot phase.
In the 1980s, Canadian chiropractors learned that insurance companies would stop providing their malpractice coverage. This was a tough blow. Without this protection, chiropractors would no longer be able to practice in Canada.

Dr. Dunn was instrumental, stepping up to help found the Canadian Chiropractic Protective Association (CCPA), ensuring that chiropractors could serve their patients and continue practicing. It was a bold move – and it worked. He retired as CEO of the CCPA in 2019, leaving a legacy, not only to the CCPA but to the entire profession. Many feel that the profession would not be where it is today without his leadership.

The people of Kabale, Uganda, suffer from spine, muscle, and nervous system conditions without healthcare professionals who have neuromusculoskeletal training. As a result, painkillers are heavily prescribed. Dr. Higgins first travelled to Kabale in 2018 and saw this reality in person, offering solutions with her treatments and teaching clinical officers how to treat musculoskeletal conditions.

Since then, she continues to share educational resources and consults on neuromusculoskeletal-related cases. She returned to Kabale in 2019.

At home, Dr. Higgins sustains her work by fundraising for more equipment and recruiting evidence-based practitioners to travel to Uganda, Kenya and Rwanda. She hopes to return to Africa with Bridge to Health in 2021.

Dr. Wade, Executive Director of the Newfoundland & Labrador Chiropractic Association, demonstrated his spirit of public service by partnering with the local Salvation Army to build the Centre of Hope, a haven for at-risk people in St. John’s and surrounding areas. In addition to offering chiropractic services at the Centre, he established an innovative funding model that supports a dozen healthcare professionals. His tireless efforts have created a sustainable team.

Further, under his guidance, the Newfoundland and Labrador Chiropractic Association provides hundreds of children with quality-made, back-safe backpacks at the beginning of each school year.

Dr. Corso has been a dynamic young chiropractic investigator since receiving her Doctor of Chiropractic in 2016. Continuing her education, she completed the CMCC graduate sports sciences residency program and became a Fellow of the Royal College of Chiropractic Sports Sciences (Canada).

She has already received two professional awards: outstanding paper from the Royal College of Chiropractic Sports Sciences (Canada) and first-prize student research award from the Fédération Internationale de Chiropratique du Sport. She has seven publications and works as a Research Associate at the Centre for Disability Prevention and Rehabilitation at Ontario Tech University and CMCC. She also conducts rapid reviews to inform regulatory policies for the College of Chiropractors of British Columbia All this while maintaining a private practice.
BY DR. JESSICA WONG

My love for scientific inquiry started in grade 6 when my teacher asked us to bring to class newspaper articles that discussed scientific findings. I remember sifting through the papers, searching for scientific information with the greatest impact. At the time, I dreamed of becoming a journalist who researched emerging scientific issues and informed the world.

My dream evolved. I regularly volunteered at a hospital during high school and wanted to help others in healthcare, which led to a career in chiropractic and musculoskeletal research that has bridged my interests in scientific discovery, storytelling and improving health outcomes.

It wasn’t until I found epidemiology that I knew that studying the distribution and determinants of health conditions was where I would make my mark.

I still remember my first exposure (pun intended) to the epidemiologic concept of bias. It happened during a lecture with Dr. Pierre Côté when I was a resident at the Canadian Memorial Chiropractic College (CMCC). Bias can arise from factors that affect the results we observe in research studies, such as systematic error in how we conduct research. If there is a substantial amount of bias in a study, we cannot be confident that the results reflect the true effect of that treatment. Dr. Côté’s lecture ignited my passion for epidemiology. I realized that if we wanted to improve people’s health, we need to ensure high methodological rigour in research and evidence-based decision-making.

During my chiropractic residency, I became frustrated with my inability to help certain patients, particularly those with debilitating low back pain and comorbidities, including mental health symptoms. Those experiences fueled my passion for musculoskeletal research that helps Canadians lead healthy, active lives.

After graduating, I earned my Master of Public Health from the Dalla Lana School of Public Health, University of Toronto, where I am a Doctoral Candidate in Epidemiology — working under the supervision of Dr. Laura Rosella. I am also a Research Associate at the Centre for Disability Prevention and Rehabilitation, led by Drs. Côté and Silvano Mior, and I work with Dr. Carol Cancelliere at the Canadian Chiropractic Guideline Initiative. In these roles, I contribute to research that informs evidence-based decision-making and bridges the knowledge-to-action gap for chiropractors, other healthcare providers, policy makers, and patients.

I had a wonderful hands-on experience as a member of the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. I worked with a multidisciplinary expert panel and contributed to systematic reviews that informed the development of evidence-based guidelines to manage common traffic injuries.

All my experiences shaped my doctoral research, which explores the effects of low back pain and mental health

A JOURNEY INTO EPIDEMIOLOGY

Novel research seeks to quantify burden of low back pain and mental health symptoms on healthcare system
symptoms on healthcare utilization and costs. For most people, low back pain gets better on its own or with exercises and self-management. But some patients — especially those with mental health symptoms — may require more specialized treatments. If we can better identify these patients, we can tailor services to them. My thesis will examine that connection by examining data on healthcare visits, imaging, surgeries, and costs. I am applying advanced epidemiologic methods to population-based data. The challenge? There is no established method to identify low back pain in administrative databases.

My solution is to link the Canadian Community Health Survey (CCHS) with health administrative databases such as the Ontario Health Insurance Plan. This allows me to identify adults who self-report low back pain and follow them over time to determine utilization and costs. This is the first time the CCHS and Ontario health administrative databases have been linked to study low back pain in the adult population.

Quantifying the costs incurred to treat low back pain will help governments, health system leaders, and professional associations, including chiropractic, to better deliver services and allocate resources. This research will also inform the potential integration of mental health services for the management of low back pain among a range of healthcare providers, including family physicians, specialists, physiotherapists, and chiropractors. Moreover, this research will help classify patients who receive more treatment for low back pain, including factors that may lead to high use. My hope is that others will use my research to tailor strategies for these patients that improve quality of care and outcomes.

After my doctoral work, I plan to lead a research program focused on reducing the global burden of spinal pain and musculoskeletal disability. My vision is that spine research guides healthcare providers, patients, decision-makers, and other stakeholders, fostering a culture of research-informed improvements in population health. I want to build research and leadership capacity in chiropractic through multidisciplinary collaboration that spans diverse perspectives. I believe that these collaborations will help solve complex problems and improve patient outcomes.

Mentorship plays a critical role in the development of future leaders, and I am doing my part to support the next generation. I teach a research methods course and a systematic review course at CMCC as well as a research methods course in the Interdisciplinary Centre for Health and Society at University of Toronto Scarborough. Ultimately, I want to instill my passion for lifelong learning and continued growth with tomorrow’s learners. Together, we can produce high quality, meaningful scientific contributions and improve health outcomes for Canadians and beyond.

Meet the latest CARL Fellows

On December 10, 2019, Dr. Jessica Wong joined the second cohort of the Chiropractic Academy for Research Leadership (CARL) fellows. The CARL program was launched in 2017, and the CCA is one of its funders. Its purpose is to “develop a global network of successful early-career chiropractic researchers under the mentorship of senior academics and the larger academic community.” Dr. Wong is one of three Canadians selected to join CARL from a group of 41 applicants.

- **Sasha Aspinall** - Australia (Murdoch University)
- **Aron Downie** - Australia (Macquarie University)
- **Steen Harsted** - Denmark (University of Southern Denmark)
- **Hazel Jenkins** - Australia (Macquarie University)
- **Andrée-Anne Marchand** - Canada (Ontario Tech University; University of Quebec at Trois-Rivières)
- **David McNaughton** – Australia (Macquarie University)
- **Amy Miller** - United Kingdom (Bournemouth University)
- **Casper Nim** - Denmark (University of Southern Denmark)
- **Luana Nyirö** - Switzerland (Balgrist University Hospital; University of Zurich)
- **Cecilie K. Øverås** - Norway (Norwegian University of Science and Technology; University of Southern Denmark)
- **Eric Roseen** - United States (Boston University)
- **Ken Weber** - United States (Stanford University)
- **Jessica Wong** – Canada (Ontario Tech University; Canadian Memorial Chiropractic College)
- **James Young** - Canada (Canadian Memorial Chiropractic College; University of Southern Denmark)
Chiropractic Care Reduces Opioid Use in Low Back Pain

Research Review By Dr. Jeff Muir

Review Title: Can Seeing a Chiropractor Reduce Opioid Use in Low Back Pain Patients?

Papers Reviewed:


BACKGROUND INFORMATION

Opioid use has increased substantially over the past decade, with current estimates suggesting that over 12 million Americans report long-term use (or misuse) of opioid medication (1–3). Musculoskeletal complaints, specifically low back pain (LBP), are a common condition precipitating opioid prescription (2–4), with more than half of opioid users reporting a history of LBP (5). The introduction of guidelines for opioid use and prescription by the Centers for Disease Control (CDC) and the American College of Physicians (6, 7) have seen a decrease in the rate of opioid prescription, although the prevention of opioid addiction and overdose remains a significant public health priority (8).

Among the recommendations in these guidelines is that non–pharmacological treatments such as exercise, physical therapy, spinal manipulation, acupuncture and massage therapy (2–9) be considered as primary treatment modalities for patients presenting with pain. Unfortunately, uptake of the recommendations from these guidelines has been slow. Further, whether these recommendations have impacted the rate of prescription of opioids for low back pain remains unknown. Two recent studies attempted to evaluate the use of opioid medication in the treatment of LBP, specifically the association between opioid use and chiropractic treatment for LBP. This review summarizes the results from these two studies and provides summary recommendations based on their conclusions.

PERTINENT RESULTS

The studies in this review include a large, retrospective review of patients seen for new–onset low back pain (Kazis et al. – #1 above) and a systematic review and meta–analysis evaluating the association between chiropractic use and opioid receipt (Corcoran et al. – #2 above).

The retrospective study included a total of 216,504 participants who sought treatment from primary contact practitioners (physicians, chiropractors, physical therapists, etc.) for new–onset low back pain. The systematic review included six studies comparing opioid use in chiropractic users versus non–users treated for low back pain and included a total of 62,624 participants.

STUDY 1 – Kazis et al. (Retrospective Study)

53% of patients initially saw a primary care physician (PCP) for LBP. Among conservative treatment providers, chiropractors were the most commonly seen, accounting for 23.1% of patient visits. Of all patients, 18% received an opioid prescription within three days of their initial visit, 22% received a prescription within the first 30 days and 1.2% met the criteria for long-term use.

The type of practitioner seen was associated with early and long–term opioid use outcomes, with patients who initially saw a conservative practitioner having significantly decreased odds of both early and long–term opioid use when compared with those who first saw a PCP. The respective odds ratios (with 95% confidence intervals) for chiropractic care were 0.10 (0.09 to 0.10) for early use and 0.22 (0.18–0.26) long–term (this is a 90% lower chance acutely and a 78% lower chance long–term, by the way!); acupuncturist: 0.09 (0.07 to 0.12) early use and 0.07 (0.01–0.48) long–term; physical therapist: 0.15 (0.13 to 0.17) early use and 0.27 (0.15–0.48) long–term. Among those who saw a physician first, patients seen initially by an orthopaedic surgeon (0.63 [0.60–0.67]), neurosurgeon (0.58 [0.47–0.71]) and rehab physician (0.54 [0.49–0.59]) had a lower risk of opioid use as compared with PCPs in the short–term (early use), although patients seeing emergency room physicians for their first visit had an increased risk (OR 2.66 [95% CI 2.54–2.78]).

STUDY 2 – Corcoran et al. – Systematic Review and Meta–analysis

The prevalence of chiropractic care ranged between 11.3% and 51.3% among eligible studies. Using a random–effects analysis, chiropractic users had 66% lower odds of receiving opioid prescriptions than did non–users (OR = 0.36 [95% CI: 0.30–0.43], p=0.001, 12=92.8%). This observation was consistent across all six eligible studies, with non–chiropractic–users prescribed opioids at rates ranging between 16% and 38.2% higher than chiropractic users.

CLINICAL APPLICATION & CONCLUSIONS

Both studies summarized in this review concluded that patients who initially see chiropractors or other conservative practitioners for LBP are significantly less likely to receive a prescription for opioids when compared with those who see a primary care physician first. The fact that conservative practitioners are unable to prescribe opioid medications and the additional issue of health plan benefit structure – especially in the United States – are mentioned as confounding factors by both author groups;
however, the results may indicate that the use of conservative treatment provides relief sufficient to avoid ultimately visiting a PCP for pharmacological treatment. More research is needed to determine the roles of the multiple factors influencing these decisions, but both of these papers contribute to the growing body of evidence suggesting that chiropractic care can help alleviate at least some of the burden of the growing opioid crisis!

**STUDY METHODS**

**STUDY 1 – Kazis LE, Ameli O, Rothendler J et al.**


This was a retrospective study of patients seen by a healthcare provider for new-onset LBP and who were also opioid-naïve at their initial visit. The OptumLabs Data Warehouse was used to gather patient data for claims recorded between 2008 and 2013.

Exclusion criteria included a prior prescription for opioids within the 12 months prior to the index event, a diagnosis of neoplasm in this 12-month period or within 3 months of the index LBP event, or a diagnosis of LBP of a type that would typically not be amenable to conservative care.

Early opioid use was defined as an opioid fill within 30 days of the index visit while long-term use was an opioid fill within 60 days of the index date and either > 120 days opioid supply in a 12-month period or > 90 days supply with 10+ prescriptions over a 12-month period [5, 10].

Statistical analysis relied largely upon a multivariable logistic regression, with 2:1 propensity score matching used to balance patients who saw either a PCP, chiropractor or physical therapist as their initial practitioner.

**STUDY 2 – Corcoran KL, Bastian LA, Gunderson CG et al.**


One clinical librarian searched the following databases: Medline, Embase, AMED, Web of Science, PubMed and CINAHL from inception to April 2018. Eligible studies include those with adult patients (> 18 years of age) with non-cancer pain and quantitatively reported opioid use amongst chiropractic users and non-users. Studies reporting on spinal manipulation delivered by practitioners other than chiropractors were excluded. Primary outcomes included opioid use among chiropractic users and non-users – the length of follow-up.

Methodological quality was assessed using the Newcastle–Ottawa Quality Assessment Scale [30]. Data were extracted by two co-authors. Data pooling was performed using a random-effects model.

**STUDY STRENGTHS / WEAKNESSES**

**Strengths**

- Both studies included relevant comparisons between conservative practitioners and physicians.
- The patient populations in both studies were substantial, providing higher confidence in the ability to apply their conclusions.
- Pooled data in the meta-analysis strengthened the conclusions.
- A comprehensive methodological quality assessment was completed in the systematic review (Corcoran et al.).

**Weaknesses**

- In the retrospective study (Kazis et al.), information was collected using claims data, which limits the generalizability of the results.
- The severity of LBP was not reported in studies. As such, no conclusions can be made regarding whether differences existed between patients who sought out conservative care versus PCPs (in theory, those with more severe LBP may consult a PCP and may be more likely to need an opioid prescription).
- Selection bias may have influenced both papers, as reasons for choosing conservative treatment were not discussed (for example, those who see a chiropractor may wish to avoid opioid prescription).

Additional References

Headaches are common in the general population and comprise a large proportion of cases that chiropractors treat. While clinical practice guidelines and evidence syntheses are available for the management of headaches associated with neck pain, gaps from evidence to clinical care exist. Care pathways operationalize clinical practice guidelines and evidence syntheses into accessible bedside formats for healthcare teams and are well-established strategies to standardize care, decrease healthcare costs and reduce complications.

The Canadian Chiropractic Guideline Initiative (CCGI) has developed an online care pathway, available on our website, for the non-pharmacological management of adults with persistent headaches (> 3 months duration) associated with neck pain. This care pathway is informed by a 2019 guideline, Non-pharmacological management of persistent headaches associated with neck pain: A clinical practice guideline from the Ontario protocol for traffic injury management (OPTIMA) collaboration. Using this online care pathway, chiropractors can select various components of a clinical encounter — for example, evaluating risk factors, prognostic factors, or co-morbidities. Selecting components of the care pathway will provide chiropractors with access to detailed, evidence-based information.

CCGI has also developed care pathways for the management of shoulder pain with and without calcific tendonitis and low back pain with and without radiculopathy. In late 2020, the CCGI will launch an additional care pathway on the management of neck pain. Care pathways and other resources are available on our website: www.ccci-research.com/guidelines.

References
In December 2020, the Canadian Chiropractic Research Foundation (CCRF) awarded $380,000 in National Research Grants to four, Canadian-led research projects. These projects will advance the profession’s knowledge base and contribute to better care for patients living with spine, muscle and nervous system problems.

**Operationalizing ‘whole person’ pain care and the development of clinical resources**  
**Lead:** Dr. Peter Stilwell, Dalhousie University  
**Award:** $25,000

**Understanding healthcare utilization for musculoskeletal disorders and disability in Canada: A population-based perspective**  
**Lead:** Dr. Pierre Côté, Faculty of Health Sciences, Ontario Tech University (OTU), and Centre for Disability Prevention and Rehabilitation at OTU and Canadian Memorial Chiropractic College  
**Award:** $59,548

**Reducing wait times, opioid prescriptions and imaging rates for acute and chronic spine pain patients: A university-hospital based chiropractic clinic implementation project**  
**Lead:** Dr. Steven Passmore, The University of Manitoba  
**Award:** $250,000 over three years

**Advancing patient safety for special populations: Active surveillance reporting to identify adverse events following chiropractic care in older adults**  
**Leads:** Dr. Martha Funabashi, Clinical Research Scientist and Assistant Professor, Canadian Memorial Chiropractic College and Dr. Katharine Pohlman, Director of Research, Parker University, Texas  
**Award:** $50,000

Following the launch of these new projects, the CCRF announced its next Request for Proposal (RFP) in March, with up to $250,000 in available funding. Dr. Richard McIlmoyle, CCRF’s Research Committee chair, says: “Our purpose is to support chiropractic research and the future of the profession. That means providing financial support for researchers during this challenging time.”

The grant awards announcement is expected in September, to be followed by the next RFP with a more targeted focus. Moving forward, the CCRF plans to issue two RFPs per year – an open call in the spring with substantial funding and a fall issue that will likely have a tighter scope. “This year’s fall RFP is shaping up to be a terrific opportunity for emerging researchers,” added Dr. McIlmoyle.

For details on current and upcoming grants, visit the CCRF website: [canadianchiropracticresearchfoundation.ca](http://canadianchiropracticresearchfoundation.ca).
Dr. Vince Adams cannot resist a good metaphor. Why else would he strap a weighted vest to his body and run 13.7 kilometres to raise funds for charities that are near and dear to his heart — the CCRF and the Prince Edward Island Division of the Canadian Mental Health Association? “Sometimes it can feel like the weight of the world is on your shoulders,” he said. “But sometimes you don’t have a choice. Not everybody can take it off.”

Dr. Adams is a husband and dad who treats patients at his clinics in Summerside and Charlottetown, PEI. He is also the provincial director for the CCA and coaches wrestling. He has seen the effect of chronic pain on mental health in his practice and has always wanted to support chiropractic research.

It was when he spied a weighted vest used by athletes at an evening wrestling practice that Dr. Adams discovered a way to fundraise for two of his favourite causes.

In that moment, he committed to run the Race Under the Stars, a midnight event on the Confederation Bridge.

He did not stop there. He pledged to run the race wearing a 100-pound vest to demonstrate the weight of chronic pain and depression.

Before the race, Dr. Adams wore the vest around the clock. Out to dinner, in bed and even while treating patients. “That brought the fundraising aspect to the forefront with patients and their families,” he said. And he documented his efforts on Facebook, attracting additional attention. By August 10, 2019 — race day — Dr. Adams’ training had paid off. He felt good. So good that he upped the ante. Minutes before the race, he doubled the weight in his vest. He ran 13.7 kilometres with 100 pounds of added weight strapped to his body.

“I was hurting by the end of it,” he admitted. “But it was worth it.” Dr. Adams raised more than $3,000 and reached over 25,000 people through social media.

Dr. Adam’s unique fundraising approach is inspirational. But there are many ways to support chiropractic research other than running a midnight race in a 100-pound vest. Look for ideas in the next issue of BACK Matters.
MESSAGE FROM THE CBO

A CLEAR, TRUSTED
VOICE FOR THE
PROFESSION
Where do Canadians go before choosing chiropractic care?

MESSAGE FROM THE CBO
RONDA PARKES
Chief Brand Officer

That was a question in our 2019 Ipsos survey where we discovered that more Canadians are researching chiropractic online than in 2013. While 44 per cent of respondents were influenced by online search in 2013, 50 per cent reported being influenced by online search in 2019.

That increasing tendency to turn to Google is why we continue to devote more resources to our online and digital channels to familiarize Canadians with how chiropractors can help them live healthy, active lives.

Those efforts are paying off, and you are part of that success. The best example is how members and partner organizations came together to lift us to greater heights during our 2019 World Spine Day campaign that reached millions of Canadians. Each share and retweet carried the message that chiropractic care changes pain to those that needed to hear it. Each year, our World Spine Day online efforts are reaching more people — and drawing in more chiropractors to the conversation.

While more conversation is a positive result, more proof that going digital is paying off is that, in 2019, 32 per cent more visitors came to our website than 2018.

ONLINE SEARCH
Another key route for visitors to come to chiropractic.ca is after an online search. Last year, we launched an effort to ensure that more people find our online resources, information and ultimately you when they search for chiropractic-related content. Now, if you are like me, you stop scrolling after the first page of search results. That means to be noticed, we need to ensure we are listed at or near the top of any relevant search results or risk having people access inaccurate information before they find us.

So when someone says, “Hey Google, is muscle soreness after working out normal?”, we need to be there. And after some hard work, we are now coming up near the top for some key search terms.

SOCIAL MEDIA
We also use social media to spread our message. Across our channels, we show Canadians why you are the neuromusculoskeletal experts who can make a difference in their health. The good news is that more people are visiting our website after seeing our content on Facebook, Instagram and LinkedIn. While Twitter viewership was constant in 2019, it also remains an important way to reach Canadians.

Once they come to our website, what are they doing? Most visit our blogs, where we explain the value of chiropractic through member profiles, research updates and stories about your expertise. Many visitors also access the Find A Chiro tool, with more than 25,000 visits in 2019. Find a Chiro was our second most popular web page.

As you read in the Message from the CEO (page 8), more Canadians than ever are visiting chiropractors. To further share the message and increase utilization, we continue to innovate online.

Recently, we highlighted the work of chiropractors volunteering to provide much-needed services to vulnerable and marginalized populations (See “A Hand Up in Hamilton,” page 11). We have identified 14 innovative initiatives across the country that promote greater access to chiropractic care and feature them on our website. Over time, we will develop stories about what chiropractors are doing in each of these initiatives — and hear from patients how chiropractic care is helping them.

Recommendations from friends and family still motivate many Canadians to visit a chiropractor. That insight led to a challenge to share more patient stories on our website and social media. Highlighting these stories will allow more Canadians to see how you can play an integral role in their health and wellbeing. Expect to see many more of these stories over time!

Last year, the CCA identified 60 members who go above and beyond to promote the profession online. They are posting and commenting in our Facebook Member’s Group and sharing our content with their followers. They also helped amplify our 2019 World Spine Day campaign, which won first place in the World Federation of Chiropractic’s annual competition. They now form our social media influencer team, extending the reach of our content. And they provide input on blog content and often play a starring role in our online content. If you want to join our team, let us know by emailing info@chiropractic.ca.

We continue to rise to the challenge of reaching more Canadians online, providing trustworthy information about chiropractic, as well as helping Canadians who are in need consider chiropractic for themselves and their families. Meeting and speaking to Canadians with a clear, trusted voice for the profession.
Leading Chiropractic Content At Your Fingertips!

CHIROPRACTIUM is a members-only app offered as an enhancement to your CCA Membership

• It’s a simple, easy-to-use tool that allows you to stay connected with your colleagues from coast to coast;
• Provides tools to enhance your interactions with patients;
• Offers a full range of resources to optimize your practice;
• Provides content and resources on best-in-class evidence-informed practice principles; and,
• Offers a suite of tools to maximize your member experience with the CCA.

Prefer the web? Chiropractium is also available online at www.chiropractium.ca