Standardizing the Chiropractic Technique Curriculum: Consensus Results of Two Inter-Collegiate Workshops

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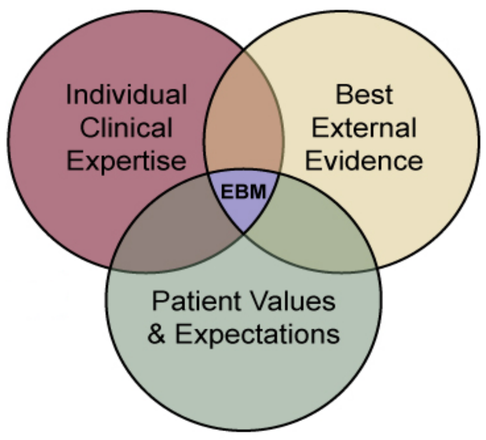

Abstract

Objective: A summary is presented of the consensus opinions of two inter-collegiate workshops that sought to develop a standardized chiropractic technique program.

Methods: The authors of this study facilitated small groups of attendees tasked with answering seed statements at workshops held during Association of Chiropractic Colleges - Research Agenda Conferences in 2014 and 2016.[1,2]

Results: Attendees agreed that it was acceptable to rely on clinical experience and patient preference when providing patient care, even in the absence of rigorous research evidence, provided procedures are safe and biological plausible.

Selection of curricular content should not be based on tradition or ritualistic dogma alone, which sometimes appears to be the case. Licensing bodies should not be involved in this process.

Attendees also agreed that diagnostic procedures either do or should include: static and motion palpation, postural and gait analysis, joint springing palpation, ranges of motion testing and functional (orthopedic) muscle testing.

There was no consensus with respect to teaching leg length analysis, x-ray film line marking analysis and spinal temperature instrumentation readings for subluxation determination.[3]

Evidence Nihilism: One cannot act until definitive evidence is available. The absence of evidence qualifies as evidence against, as does conflicting evidence.

Evidence Agendaism: Selective use of evidence to bolster one's preconceived notion. Third party-payers may rely on 'following a guideline' to restrict coverage of services.

Evidence Appropriatism: The ideal: Practitioners have better understanding of strengths/weaknesses of varying qualities of evidence. Patients have more information and better choices. Guidelines are living documents which are tools that may require doctors to change what they do[4]

Key Questions and Outcomes From Workshops I and II

Problem #1:

Chiropractic is a non-standardized profession, and this may confuse the public, policy makers, third party payers and patients. The lack of standardization also hinders the development of a unified proposition statement and probably diminishes our cultural authority.

If a diagnostic or therapeutic procedure has not been studied or if there is no current supportive evidence for it, should:

Practitioners be forced to stop using it?
Should programs stop teaching it?
Should insurance companies stop paying for it?

Answers: NO…Provided the procedure has construct validity

Problem #2:

Health care practice is supposed to be evidence-informed, but there are significant gaps in the evidence-base with respect to chiropractic technique.

In general, participants did not support diagnostic and therapeutic procedures if they were:

Ritualistic in nature
Shown to be clinically ineffective
Only due to historical reverence
Shown to be clinically unsafe

Role of Regulatory Bodies

No interest in deferring to the licensing bodies to make the these decisions

Universal agreement the profession's cultural authority is tarnished by members who use unscientific methods

Unethical practitioners must be held accountable and disciplined

Conclusion This information is an important step in developing a standardized chiropractic technique curriculum for all teaching institutions. Future work will focus on resolving areas of disagreement as well as reaching consensus about what therapeutic procedures ought to be taught world wide.

References

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4. Mootz RD. When Evidence and Practice Collide. JMPT. 2005;28:551-553