

**CHIROPRACTIC SCIENCE AND PRACTICE:
AUTHORITIES AND DEFINITIONS**

Chapter Outline

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I. OVERVIEW

Chiropractic is a very specific health care science applied by doctors of chiropractic who practice under an extensive body of authorities. These authorities have evolved over more than a century of legislative and judicial development, educational growth, practical experience and professional consensus. Like other first professional degree holders, the doctor of chiropractic is a carefully regulated professional who must qualify on a number of levels to obtain the right to practice.

This introductory chapter outlines the exact nature of the authorities under which contemporary doctors of chiropractic practice and sets out those basic definitions that explain and delineate the essential elements of chiropractic science and its practice.

Chiropractic science is an approach to human health that was developed through extensive anatomical study in which the elements of the human system, particularly the spine and nervous system continue to be examined in an effort to understand the relationship between the state of those anatomical elements and optimal human health. The basic premise of chiropractic science is that abnormalities and misalignments of the spine, defined as subluxation(s) in chiropractic science, can and do distort and interrupt the normal function of the nervous system and may create serious negative health consequences.

The correction and/or reduction of subluxation(s) through the adjustment of spinal structures can remove nervous system interference and restore the optimal function of the body. Essential to basic chiropractic theory is the concept of the inherent ability of the human body to effectively heal itself, comprehend the environment and function in a normal manner. This concept is important since chiropractic perceives spinal subluxation(s) as barriers to normal function and obstacles to the body's innate intelligence.

Chiropractic has enjoyed over a century of lively and serious scientific and conceptual debate. The chiropractic profession has benefited enormously from this on-going self-examination and reality testing based on the scientific and research record. The outcome of those years of critical evaluation and debate, which remain on-going, has been a strong consensus regarding the nature of chiropractic science and practice and the key definitions that set chiropractic apart as a distinct, unique health care science and practice. This consensus is best depicted by the unanimous adoption of a paradigm statement by the Association of Chiropractic Colleges, International Chiropractors Association, American Chiropractic Association, Federation of Chiropractic Licensing Boards, Council on Chiropractic Education, the National Board of Chiropractic Examiners and the Congress of Chiropractic State Associations. This paradigm statement reads as follows:

Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery.

The practice of chiropractic focuses on the relationship between the structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.

II. THE CHIROPRACTIC PARADIGM

Purpose

The purpose of chiropractic is to optimize health.

Principle

The body's innate recuperative power is affected by and integrated through the nervous system.

Practice

The practice of chiropractic includes:

- establishing a diagnosis;
- Facilitating neurological and biomechanical integrity through appropriate chiropractic case management; and
- promoting health.

Foundation

The foundation of chiropractic includes philosophy, science, art, knowledge, and clinical experience.

Impacts

The chiropractic paradigm directly influences the following:

- education;
- research;
- health care policy and leadership;
- relationships with other health care providers;
- professional stature;
- public awareness and perceptions; and
- patient health through quality care.

The Subluxation

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation.

A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.

III. CHIROPRACTIC EDUCATION

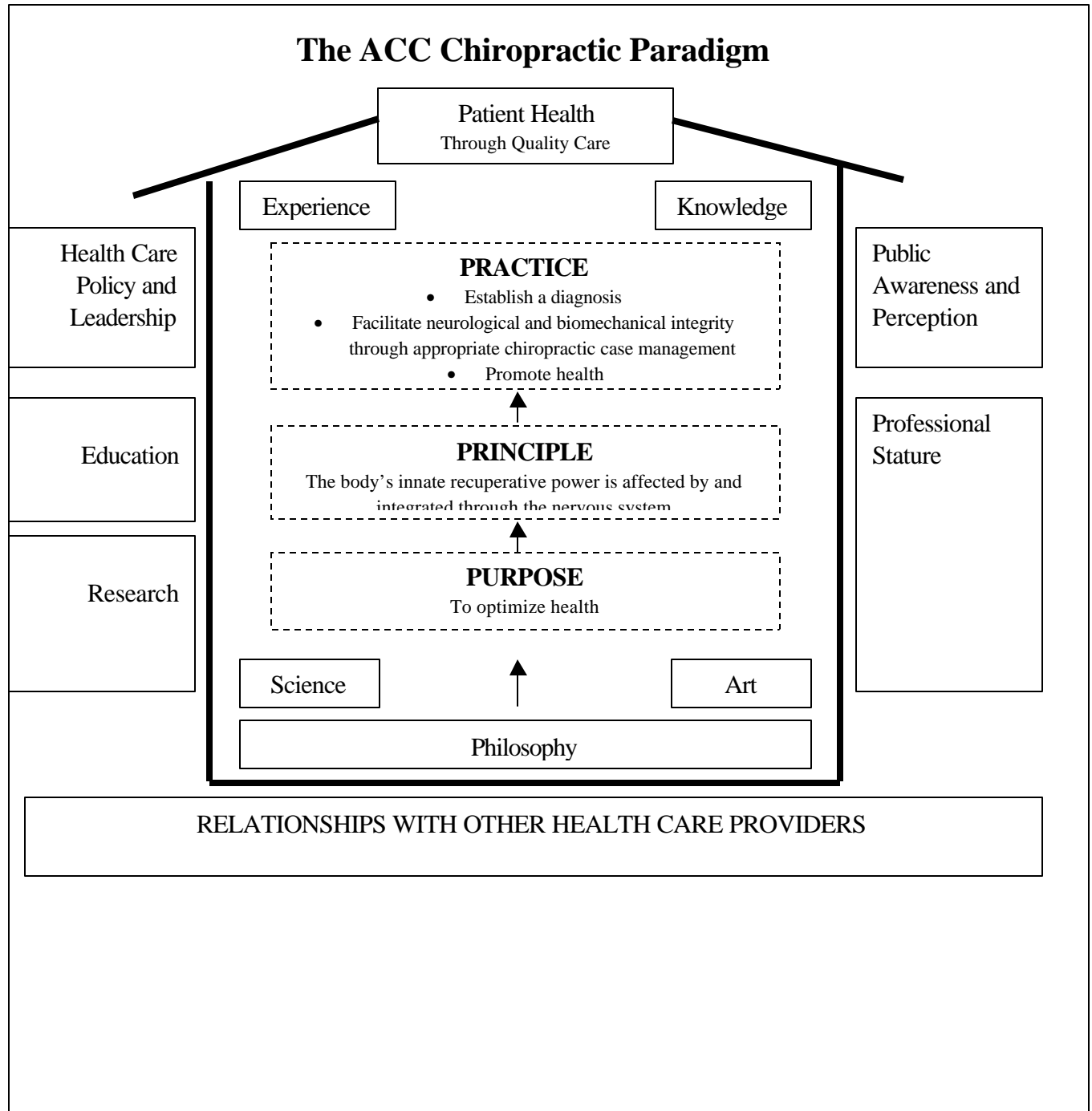
To obtain a license to practice chiropractic in any of the 50 states requires the degree of doctor of chiropractic from an accredited chiropractic educational institution or program. Chiropractic educational standards are strict and demanding, requiring study in the basic sciences comparable to medical, dental and osteopathic curricula. This education consists of four or more years of full-time, in-residence study is required in human anatomy, physiology, biomechanics, chiropractic diagnosis/analysis, adjustive techniques, public health issues and chiropractic philosophy.

Chiropractic college students must complete a rigorous and uniquely specialized program of classroom and practical training that includes more than 2,000 hours of study of the anatomy, dynamics and biomechanics of the human spine and the nature and components of the spinal subluxation complex. No other health care professional devotes this level of serious scientific study

to the human spine. A detailed examination of the curricula offered by federally accredited chiropractic institutions illustrates the uniqueness of chiropractic and the highly specialized nature of chiropractic professional education.

Chiropractic students are thoroughly trained in the appropriate use of sophisticated diagnostic technology including imaging procedures such as x-ray, thermography, video-fluoroscopy, magnetic resonance imaging and other state-of-the-art investigative technologies and procedures. The capacity to evaluate the health care needs of the chiropractic patient, including appropriate referrals to other health professionals when necessary, is an important objective of chiropractic education.

Chiropractic education is designed not only to impart scientific knowledge, but to develop clinical skills and proficiencies that “represent those minimal skills a candidate should demonstrate when presenting for



licensure after completing the educational program.” These areas of clinical competency include the taking of patient histories, physical examinations, imaging studies, chiropractic analysis/diagnosis or clinical impressions, referral, care plans, spinal adjusting, case follow-up, record keeping and others.

Nearly 14,000 students attend the 16 chiropractic colleges accredited by the Commission on Accreditation of the Council on Chiropractic Education (CCE), according to 1999 data. The Commission on Accreditation is recognized by the U.S. Department of Education. The standards adopted by the Council on Chiropractic Education, “indicate the minimum education expected to be received in the accredited institutions that train students as chiropractic primary health care providers.”

CCE standards were developed to reflect the needs of chiropractic professional education and as a measure of the quality of programs offered by chiropractic teaching institutions. Chiropractic education, even prior to the existence of the CCE, offered professional instruction sufficient to meet the requirements for licensure in the various states. The forward to the “Standards for Chiropractic Institutions” of the CCE defines the role of a doctor of chiropractic and his/her professional education as follows:

“A Doctor of Chiropractic is a physician whose purpose is to help meet the health needs of the public as a member of the healing arts. He/she gives particular attention to the relationship of the structural and neurological aspects of the body and is educated in the basic and clinical sciences as well as in related health subjects. Chiropractic science concerns itself with the relationship between structure (primarily the spine), and function (primarily coordinated by the nervous system), of the human body as that relationship may affect the restoration and preservation of health.”

“The purpose of his/her professional education is to prepare the doctor of chiropractic as a primary health care provider; to provide the students with a base of knowledge sufficient for the performance of his or her professional obligations as a doctor of chiropractic. As a portal of entry to the health delivery system, the doctor of chiropractic must be well educated to diagnose for chiropractic care, to provide chiropractic care, and to consult with, or refer to, other health care providers as indicated.”

Most CCE accredited chiropractic colleges have sought to further demonstrate their academic strength by qualifying for recognition and accreditation by regional accrediting agencies. For example, Life University in Marietta, Georgia, is accredited by the Southern Association of Colleges and Schools; and Palmer College of Chiropractic in Davenport, Iowa, is accredited also by the North Central Association of Colleges and Schools, etc.

IV. THE LEGAL ESTABLISHMENT OF CHIROPRACTIC

The practice of chiropractic is a privilege authorized by the legislatures of the various states under the authorities reserved to the states in the U.S. Constitution. The realities of chiropractic practice flow from this legal establishment, and, ultimately, in every instance, the doctor of chiropractic will be held accountable to such provisions, statutes and regulations as have been established by state law. Any attempt to encode professional practice guidelines for the chiropractic profession must begin with a thorough, objective examination of this legal establishment and reflect the realities, authorities and limitations contained therein.

The legal development of chiropractic began shortly after the initial articulation of chiropractic principles and, by the 1920s, chiropractic was well on the way to formal legal recognition and regulation through licensure in numerous states. The first law passed by a state legislature authorizing and regulating the practice of chiropractic as a separate and distinct health care profession was in Kansas on March 20, 1913. This action was followed in quick succession by the legislature of North Dakota

in that same year, and by Arkansas, Oregon, Nebraska and Colorado, by 1915. This represented the beginning of a recognition process that was not completed until 1974 when Louisiana finally adopted a chiropractic licensure law.

The statutes governing the practice of chiropractic are worded similarly in every state. All states statutes have recognized chiropractic as a primary contact health care profession applying its unique science and procedural approach to health care. Common to all state statutes is an emphasis on the spinal adjustment procedure and such diagnostic activities as are necessary to properly perform this function and to protect the public. A second common thread running through the legal mechanisms establishing chiropractic is the drugless and non-surgical nature of chiropractic science. Chiropractic like podiatry, dentistry, and optometry exist as a legal exception to the practice of medicine with its own area of application and clinical expertise care of the articulations of the human frame, particularly the spine, through the application of chiropractic adjustments, etc. as a science and art.

The status of the doctor of chiropractic, as established by statute, training and experience, includes the ability and authority to evaluate the general health status of an individual for certification purposes, in the context of a required physical for school, employment, sports and, as federally authorized, approval to operate heavy transportation machinery. The U.S. Department of Transportation authorizes DC's to perform physical examinations for long-distance truck drivers, etc.

Such physicals are a routine part of chiropractic practice. The clinical competence to perform such evaluations and through standard health status measures such as blood pressure, heart rate, etc., make a statement about the general health of an individual does not necessarily include an obligation or authority to develop a full-body medical diagnosis or to perform procedures outside the recognized scope of chiropractic. In the presence of abnormal findings in the course of routine physical examinations for specific purposes, such as those cited above, the DC follows the standard chiropractic care pathways as described in chapter 2, making such care decisions (including referral) as are clinically indicated on an individual basis.

Doctors of chiropractic are also obligated to perform certain public health functions that are common to all primary contact, doctor level health care professionals. Many state laws obligate the doctor of chiropractic to report child abuse, spouse abuse, certain communicable diseases and other findings to public health authorities. Likewise, the doctor of chiropractic may have responsibilities under state laws and regulations to take action in the presence of substance abuse.

The process by which the several state legislatures developed statutory language and authority for the practice of chiropractic have been very specific in identifying chiropractic as a branch of the healing arts that is separate and distinct from all others. In particular, statutes tend to be especially clear and specific in identifying chiropractic as a practice apart from, distinct from and not the practice of medicine. The following citations from a number of current state statutes convey this distinct, "not medicine" element in chiropractic's legal establishment:

Idaho: *Chiropractic practice, as herein defined is hereby declared not to be the practice of medicine...*(Idaho Code Title 54, Chapter 7: 54-704 Chiropractic practice, No. 3.)

Kentucky: *The practice of chiropractic shall not include the practice of medicine or osteopathy...* (Kentucky Revised Statutes Annotated Title XXVI Chapter 312: 312.015 Definitions for Chapter, No. 5.)

Maine: *"...and chiropractic is declared not to be the practice of medicine, surgery, dentistry or osteopathy."* (Maine Revised Statutes Annotated, Title 32 Chapter 9, Subchapter 1, 451.Definitions)

Maryland: *Except as otherwise provided in this title, "practice chiropractic" does not include the use of drugs or surgery, or the practice of osteopathy, obstetrics, or any other branch of medicine. (Annotated Code of Maryland Title 3, Subtitle 1 section 3-101. Definitions, (f)(3).*

Minnesota: *The practice of chiropractic is not the practice of medicine, surgery, or osteopathy. (Minnesota Statutes Annotated Health Chapter 148, Sec. 148.01. Chiropractic, No. 2.)*

An enormous body of judicial decisions and opinions, going back nearly 100 years, likewise identifies chiropractic as a practice different from medicine. Such decisions reflect the strong positions outlined in statutory languages regarding the separateness of chiropractic. This statutory and judicial record has clarified the status of chiropractic beyond dispute and/or doubt, and has established chiropractic as a science, art, philosophy and practice distinct and separate from medicine.

The other common theme is the legislative guarantee to the chiropractic professional of access to appropriate diagnostic technology. All jurisdictions in the U.S. authorize x-ray applications and a list of other technologies is common in state statutes. Also, there are common limitations, such as the prohibition of the use of x-ray technology for therapeutic, as opposed to diagnostic purposes. Many states have demonstrated through legislation a commitment to arm the DC with diagnostic technologies appropriate to actual practice needs, and to protect the patient.

State laws have clearly established chiropractic as a separate professional endeavor and spell out in considerable detail the parameters of chiropractic practice. The specialized nature of chiropractic is particularly evident when one contrasts chiropractic scope and licensure to the practice of medicine in all its branches.

The Statutory Establishment of Chiropractic Responsibility for Clinical Activity Related to the Nervous System

The scopes of practice established by state legislatures are, in most instances, quite specific. Among the core concepts embodied in law is the relationship between the chiropractic adjustment and/or manipulation and the functions of the nervous system.

Most states have enacted statutes that contain specific references to the neurological responsibility of the doctor of chiropractic, relating nerve interference to human dysfunction. This nerve interference is recognized by statute to have health consequences in the human body and constitutes the primary chiropractic diagnosis. No state statute requires a patient to present conditions or symptoms other than the finding of such nerve interference to fall within the realm of chiropractic professional competence.

Examples of state statutes that identify caring for the nervous system as a primary responsibility of the doctor of chiropractic include:

Alabama: *The term "chiropractic," when used in this article, is hereby defined as the science and art of locating and removing without the use of drugs or surgery any interference with the transmission and expression of nerve energy in the human body. (Code of Alabama 1975 Title 34, Chapter 24, Article 4, Division 1 Section 34-24-120 (a))*

Colorado: *"Chiropractic" means that branch of the healing arts which is based on the premise that disease is attributable to the abnormal functioning of the human nervous system. It includes the diagnosing and analyzing of human ailments and seeks the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by*

hand, of the articulations and adjacent tissue of the human body, particularly the spinal column. (Colorado Revised Statutes Annotated Title 12, Article 33 Part 1 Section 12-33-102(1))

Florida: *"Practice of chiropractic" means a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which , produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques"*(West's Florida Statutes Annotated, Title XXXII, Chapter 460, 8a).

Indiana: *"Chiropractic" means the diagnosis and analysis of any interference with normal nerve transmission and expression, the procedure preparatory to and complementary to the correction thereof by an adjustment of the articulations of the vertebral column, its immediate articulation, and includes other incidental means of adjustments of the spinal column and the practice of drugless therapeutics.* (West's Annotated Indiana Code Title 25, Article 10 Chapter 1, 25-10-1-1, Sec 1 (1))

Maryland: *"Practice chiropractic" means to use a drugless system of health care based on the principle that interference with the transmission of nerve impulses may cause disease.*

"Practice chiropractic" includes the diagnosing and locating of misaligned or displaced vertebrae and, through the manual manipulation and adjustment of the spine and other skeletal structures, treating disorders of the human body. (Annotated Code of Maryland Title 3 Subtitle 1 Section 3-101 (f)(1)(2))

Tennessee: *"Chiropractic" means a system of healing based on the premise that the relationship between the structural integrity of the spinal column and function in the human body is a significant health factor and the normal transmission of nerve energy is essential to the restoration and maintenance of health.*

The practice and procedures used by the doctor of chiropractic shall include the procedures of palpation, examination of the spine and chiropractic clinical findings accepted by the board of chiropractic examiners as a basis for the adjustment of the spinal column and adjacent tissues for the correction of nerve interference and articular dysfunction. (Tennessee Code Annotated, Title 63 Chapter 4, 63-4-101(a)(b))

The Legislative Establishment of Subluxation as an Element in Chiropractic Practice

The concept of the subluxation has previously been defined via the consensus paradigm statement quoted earlier. This clinical element of chiropractic is recognized not only in chiropractic education, literature, philosophy and practice, it is strongly established in both state and federal legislation as a primary element of chiropractic clinical responsibility. These laws also identify the adjustment of the subluxation to restore normal nerve function as a unique service not provided by medicine, osteopathy or any other health care discipline.

Many states specifically identify the concept of subluxation in their chiropractic practice statutes. Most states imply an understanding of the subluxation complex by specifying the responsibility of the doctor of chiropractic for adjusting the spine and adjacent tissues for the

elimination of nerve interference.

Examples of state statutes that expressly identify the detection of and caring for subluxation(s) as the core of chiropractic practice include:

Arizona: *A doctor of chiropractic is a portal of entry health care provider who engages in the practice of health care that includes:*

- *the diagnosis and correction of subluxations, functional vertebral or articular dysarthrosis or neuromuscular skeletal disorders for the restoration and maintenance of health.*
- *Treatment by adjustment of the spine or bodily articulations and those procedures preparatory and complementary to the adjustment including physiotherapy related to the correction of subluxations. (Arizona Revised Statutes Annotated, Title 32, Chapter 8, Article 2 32-925(a), No. 1, 3)*

Connecticut: *The practice of chiropractic means the practice of that branch of the healing arts consisting of the science of adjustment, manipulation and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells of the body, which may be a cause of disease, are adjusted, manipulated or treated. (Connecticut General Statutes Annotated Title 20, Chapter 372, Section 20-24, (1)*

District of Columbia: *"Practice of Chiropractic" means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health. (District of Columbia Code 1981, Part 1, Title 2, Chapter 33, Subchapter I 2-3301.2(3)(A)*

Delaware: *The practice of chiropractic includes, but is not limited to, the diagnosing and locating of misaligned or displaced vertebrae subluxation complex. (Delaware Code Annotated, Title 24, Chapter 7, 701 b.)*

Florida: *"Practice of chiropractic" means a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques...(Florida Statutes Annotated Title XXXII, Chapter 460, Section 460.403 (8)(a)*

Idaho: *"Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex. (Idaho Code, Title 54 Chapter 7, 54-704 (1)(a.)*

Maine: *Chiropractic. "Chiropractic" means the art and science of identification and Correction of subluxation and the accompanying physiological or mechanical abnormalities. The term subluxation, as utilized within the chiropractic health care system, means a structural*

or functional impairment of an intact articular unit. Chiropractic recognizes the inherent recuperative capability of the human body as it relates to the spinal column, musculo-skeletal and nervous system. (Maine Revised Statutes Annotated, Title 32, Chapter 9, Subchapter 1 section 451 (1).

Massachusetts: "Chiropractic", the science of locating, and removing interference with the transmission or expression of nerve force in the human body, by the correction of misalignments or subluxations of the bony articulation and adjacent structures, more especially those of the vertebra column and pelvis, for the purpose of restoring and maintaining health. (Massachusetts General Laws Annotated Part I, Title XVI, Chapter 112, Section 89)

New York: The practice of the profession of **chiropractic** is defined as detecting and correcting by manual or mechanical means structural imbalance, distortion, or subluxations in the human body for the purpose of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column. (Consolidated Laws of New York, Chapter 16 Title VIII, Article 132, Section 6551 (1.)

Other state statutes that define and identify the subluxation specifically include Kentucky, Nevada, New Jersey, Texas, Utah, Vermont, and Washington. These statutes are accessible via the Internet web sites of the various states as well as the ICA website <http://www.chiropractic.org>

While the practice of various health professions is established and regulated by the states, federal statutes and regulations have a powerful and growing impact on health care organization and delivery. The concept of the subluxation is clearly and emphatically recognized in federal statutes in a number of contexts. Indeed, no federal program recognizes chiropractic outside the context of the subluxation.

The federal statutes governing the Medicare program, where chiropractic services have been included since the early 1970's, defines chiropractic and reimbursable chiropractic services as:

A chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of subsections (s)(1) and (s)(2)(A) of this section and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation demonstrated by X-ray to exist) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. (42 USC Sec. 1395x (r)(5).

Medicare extends these concepts in the statute into the regulations governing the program with an express definition:

A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist. (42 CFR 482 SubpartB Section 482.12 (7) (c)(1)(v)

Federal statutes establishing chiropractic participation in the Medicaid program employ the same terminology as in the general Medicare program. Federal Employee health Benefit Programs recognized chiropractic on terms negotiated between public employee representative committees and various insurance carriers but the federal workers compensation program identifies and defines

chiropractic, once again, very specifically to include chiropractors and chiropractic services as follows:

The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.

Adjustment and/or Chiropractic Manipulation: The Core of Chiropractic Practice

Without question, the adjustment and/or manipulation of the spine and its adjacent structures represents the essence of chiropractic patient care as established by state statute. No less than 38 state statutes employ the term "adjustment" in reference to the procedures applied by the doctor of chiropractic. Most state statutes are very specific regarding the authority of the doctor of chiropractic to apply the adjustment and/or manipulation process to the area of the human spine and its articulations. State statutes recognize that chiropractic science is anatomically very specific to the spine but with broad body implications. No less than 18 state statutes include the concept of manipulation, and in almost every instance it is utilized in addition to the term "adjustment" Clearly, the terms are not meant to be synonymous.

Colorado: *"Chiropractic"...includes ...the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand, of the articulations and adjacent tissue of the human body, particularly the spinal column. (Colorado Revised Statutes Annotated, Title 12, Article 33, Part 1: 12-33-102 (1)*

Connecticut: *The practice of chiropractic means the practice of that branch of the healing arts consisting of the science of adjustment, manipulation and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells of the body...are adjusted. (Connecticut General Statutes Annotated, Title 20, Chapter 372, 20-24 (1)*

District of Columbia: *"Practice of **Chiropractic**" means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine. (District of Columbia code 1981, Part I, Title 2, Chapter 33, s2-3301.2 (3)(A)*

Georgia: *"Chiropractic" means the adjustment of the articulation of the human body, including ilium, sacrum, and coccyx...The adjustment referred to in this paragraph and subsection (b) of Code Section 43-9-16 may only be administered by a doctor of chiropractic authorized to do so by the provisions of this chapter. (Code of Georgia, Title 43, Chapter 9; 43-9-1 (2)*

Idaho: *"Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuromuscular, neurovascular, neuro-cranial, or neuro-lymphatic reflex technique procedures. (Idaho Code, Title 54, Chapter 7: 540-704 (1)(a).*

Chiropractic: A Drugless Science

In the legislative process that established chiropractic and in the subsequent regulatory

procedures that amplify and implement legislative directives, chiropractic is often defined by what is included within the professional scope of chiropractic practice as well as what is expressly prohibited.

Among the prohibitions that characterize chiropractic is the absence of authority to prescribe or administer drugs. All fifty states expressly prohibit the prescription or administration of federally controlled substances by a doctor of chiropractic. No state authorizes the doctor of chiropractic to administer or prescribe anesthesia, vaccines or serums or radioactive substances for therapeutic purposes. State statutes tend to be quite specific in this area as is shown in the excerpts from state statutes presented below.

Alabama: *...but chiropractors are expressly prohibited from prescribing or administering to any person any drugs included in materia medica* (Code of Alabama 1975 Title 34 Chapter 24 Article 4 Division 1, s 34-24-120 (c).

Arizona: *A doctor of chiropractic licensed under this chapter shall not prescribe or administer medicine or drugs...*(Arizona Revised Statutes Annotated Title 32 Chapter 8 Article 2, 32-925 (b).

Connecticut: *Practice chiropractic as defined in section 20-24, but shall not prescribe for or administer to any person any medicine or drug included in materia medica...*(Connecticut General Statutes Annotated Title 20 Chapter 372, 20-28 (b)(1).

District of Columbia: *"Practice of Chiropractic" does not include the use of drugs,...*(District of Columbia Code 1981 Part 1, Title 2 Chapter 33 Subchapter 1, Section 2-3301.2 (3)(A).

Georgia: *However, the term "chiropractic" shall not include the use of drugs...*(Code of Georgia, Title 43 Chapter 9, 43-9.1 (2). The status of the doctor of chiropractic, as established by statute, training and experience, includes the ability and authority to evaluate the general health status of an individual for certification purposes,

Louisiana: *The practice of chiropractic does not include the right to prescribe, dispense, or administer medicine or drugs...*(West's Louisiana Statutes Annotated Title 37, Chapter 36 Part 1 Section 2801 (3)(c)

New Jersey: *No licensed chiropractor shall use. . . or prescribe, administer, or dispense drugs or medicines for any purpose whatsoever...*(New Jersey Statutes Annotated Title 45 Subtitle 1, Chapter 9 Article 1 45:9-14.5)

New York: *A license to practice **chiropractic** shall not permit the holder thereof...to prescribe, administer, dispense or use in his practice drugs or medicines...*(Consolidated Laws of New York Chapter 16, Title VIII Article 132, 6551. Definition of practice of chiropractic (3).

Tennessee: *Nothing in this chapter shall be construed to authorize any of the following: Prescribing drugs...*(Tennessee Code Annotated Title 63, Chapter 4, 63-4-101 "Chiropractic" Defined-B Mandatory practices (d)(1).

The Implications for the Guidelines Process

The authorities established by law and the consensus that has evolved via such widely recognized bodies as the Council on Chiropractic Education and the Association of Chiropractic Colleges represent powerful elements that must be included in the development of any chiropractic practice guidelines. Legal requirements represent absolutes. Consensus statements, definitions and positions adopted by diverse and widespread professional bodies within the chiropractic profession

are part of the self-defining, self-governing process that any serious, mature profession should expect to see emerge. Along with more specific literature and clinical studies, these bodies of “evidence” can and should be an integral part of the body of data on which guidelines are based.

V. THE ETHICAL CONTEXT OF CHIROPRACTIC PRACTICE

The most stringent statutory provisions and the strictest standards and guidelines for the practice of any profession gain a vital additional dimension when placed in a well defined and demanding ethical context. To foster this important state of professional awareness and to protect the profession and the public, the Board of Directors of the International Chiropractors Association established an extensive Code of Professional Ethics. This code is presented as an important element of the conditions and terms on which chiropractic should be practiced. It is the intent of these practice protocols and guidelines to reflect the values and objectives of this code of ethics in every aspect in its various components.

<p style="text-align: center;">The International Chiropractors Association Code of Ethics</p>
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This Code of Professional Conduct was first developed by the International Chiropractors Association and officially adopted by its Board of Directors in 1985.

PREAMBLE

behavior and recommended for all doctors of chiropractic and chiropractic assistants. The following basic principles should be guiding factors in the practice of chiropractic and upheld at all times.

- ◆ **Consider the well-being of the patient. The primary effort and ultimate goal should be for “the greatest good of the patient”.**
- ◆ **Honor your profession, its history and tradition.**
- ◆ **Respect your patient’s rights of confidentiality in the doctor-patient relationship.**
- ◆ **Recognize chiropractic’s limitations and acknowledge the special skills of other health care professions in the prevention and care of disease.**
- ◆ **Let professional responsibility, integrity and high standards of competence and skill be your guiding tenets.**

The ICA Code of Ethics comprises a doctor of chiropractic’s duties and obligations to his or her patients, the public and each other. The ethical foundations upon which these principles are based are established moral obligations that ensure the dignity and integrity of the profession.

The primary duty of every doctor of chiropractic is to abide by federal, state, provincial, and local statutes establishing the privileges of practicing chiropractic as well as the basic moral obligations imposed by this Code of Ethics.

1. DUTIES, OBLIGATIONS AND RESPONSIBILITIES OF DOCTORS OF CHIROPRACTIC TO THEIR PATIENTS.

The overriding objective of these principles is for the doctor of chiropractic to render the greatest possible service and care to mankind.

Principle 1A.

Availability and Accessibility

The doctor of chiropractic should make himself/herself available, but more importantly, be accessible to patients in need of his/her professional services. The doctor of chiropractic shall, to the best of his/her ability and immediate circumstantial limitations, render all possible assistance to any patient(s) in emergency health care situations. Except in emergency situations, a doctor of chiropractic has the right to accept or reject a particular patient.

Principle 1B.

Confidentiality

The doctor of chiropractic is obliged to keep the trust and confidence of the patient and the patient's family. The following rules should be adhered to:

1. The doctor of chiropractic shall not discuss patient information with one patient about another patient.
2. The doctor of chiropractic shall not discuss any patient information with relatives or friends of the patient without the consent of the patient, preferably in writing.
3. The doctor of chiropractic shall not discuss any patient information with visitors to the office or hospital.
4. Patient information should not, under any circumstances, be discussed with the news media without written patient consent.
5. The doctor of chiropractic shall not discuss patient information with other employees, except in conference and/or consultation. Discussion about patients should be avoided in patient areas. A patient's privacy should be respected at all times. When consulting another doctor of chiropractic health care provider, it should be done privately and out of the range of the patient's hearing.
6. The doctor of chiropractic shall not discuss patient information with his/her own relatives or friends.
7. The doctor of chiropractic shall not discuss any patient information over the telephone with anyone without the patient's consent, preferably in writing.

Medical/Health Records

The Joint Commission on Accreditation of Hospitals (JCAH) stipulates the following minimum standards in assessing hospital accreditation compliance with medical record taking and confidentiality of the information contained therein. The ICA endorses the JCAH standards in principle:

Medical records are confidential, secured, current, authenticated, legible, and complete.

The medical record is the property of the hospital or clinic and is maintained for the benefit of the patient, the medical staff, and the hospital.

The hospital or clinic is responsible for safeguarding both the records and its informational content against loss, defacement, tampering, and from use by unauthorized individuals.

Written consent of the patient or his legally qualified representative is required for the release of medical information to persons not otherwise authorized to receive the information.

Where certain portions of the medical record are so confidential that extraordinary means are necessary to preserve their privacy such as in the care of some psychiatric disorders, these portions may be stored separately, provided that the complete record is readily available when required for current medical care or follow-up, review functions, or use in quality assurance activities.

Principle 1C.

Release of Confidential Patient Records

The doctor of chiropractic shall comply with a patient's written authorization to provide records or copies of records to individuals the patient designates to inspect or receive all or part of said records. Further, doctors of chiropractic shall abide by the general standards for patient records confidentiality and release promulgated by the American Medical Records Association (AMRA). The AMRA standards, listed below, are endorsed by the International Chiropractors Association and henceforth are an integral part of the ICA Code of Professional Ethics.

All requests for health records or health information shall be referred to the health records department of a hospital or clinic.

Release of health information to the patient shall be carried out in accordance with all applicable legal requirements and written institutional policy. A properly completed and signed authorization is required.

Subject only to specific contraindications described below, and to any legal constraints such as those governing minors and those adjudicated as incomplete, a patient or his representative may have access to his own health record for review, upon written request with reasonable notice. A patient may have access to records of his/her care during or after discharge from care. A copy of the requested health information will be provided after completion and upon written request by the patient and payment of a reasonable fee.

The health care provider is not required to permit the patient access to his/her health record if the provider reasonably concludes that:

Knowledge of the health care information would be injurious to the health of the patient, or

Knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any person.

If the health care provider denies a patient's request to see or copy, in whole or in part, his health record based on the above grounds, the provider must either:

Provide a summary of the health record, according to the requirements of this section. If the health care provider chooses to prepare such a summary of the record rather than allow access to the entire record, he or she shall make such a summary of the records, available to the patient within ten (10) working days from the date of the patient's request. However if more time is needed because the record is extraordinary in length or because the patient was discharged from a licensed health facility within the last ten (10) days, the health care provider shall notify the patient of this fact and the date that the summary will be completed, but in no case shall more than thirty days (30) elapse between the request by the patient and the delivery of the summary. In preparing the summary of the record, the health care provider shall not be obligated to include information which is not contained in the original record; or

The provider must permit inspection by, or provide copies of, the health record to another health care practitioner who is licensed to care for the same condition as the health care provider and who has

been so designated, in writing, by the patient. The health care provider shall inform the patient of the provider's refusal to permit him/her to inspect or obtain copies of the requested records, and inform the patient of the right to require the provider to permit inspection by, or provide copies to another health care practitioner who is licensed to care for the same condition as the health care provider and who has been so designated, in writing, by the patient.

In either event, the health care provider shall make a written record, to be included with the health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies thereof, including a description of the specific adverse or detrimental consequences to the patient which the provider anticipates would occur if inspection or copying were permitted.

In the event that the patient wishes to correct data, it shall be done as an amendment, without change to the original entry, and shall be clearly identified as an additional document appended to the original health record at the direction of the patient.

This document shall then be regarded as an integral part of the health record. Upon request of the patient, the provider will furnish copies of the amendment to any person to whom the disputed information has been properly released. Whenever health information is requested subsequent to the amendment, the copy sent shall include the amendment.

The provider will make these policies known to patients upon request.

Following authorized release of patient information, the signed authorization will be retained in the health record with notation of the specific information released, the date of release and the signature of the individual who released the information.

Release of Primary Records

All requests for health records or health information, including requests for information on patients currently under care, shall be directed to the health record department.

Release of information from the health record shall be carried out in accordance with all applicable legal, accrediting, and regulatory agency requirements, and in accordance with written institutional policy.

All information contained in the health record is confidential and the release of information will be closely

controlled. A properly completed and signed authorization is required for release of all health information except:

As required by law.

For release to another health care provider currently involved in the care of the patient.

For medical care evaluation, or

For research and education in accordance with conditions specified below.

In keeping with the tenet of informed consent, a properly completed and signed authorization to release patient information shall include at least the following data:

Name of institution that is to release the information

Name of the individual or institution that is to receive information

Patient's full name, address and date of birth

Purpose or need for information

Extent or nature of information to be released, with inclusive dates of care

(Note: An authorization specifying "any and all information..." shall not be honored).

Specific date, event or condition upon which authorization will expire unless revoked earlier

Statement that authorization can be revoked but not retroactive to the release of information made in good faith.

Date that consent is signed (Note: Date of signature must be later than the date of information to be released.), and

Signature of patient or legal representative (Note: In the case of care given to a minor without parental knowledge, the institution shall refrain from releasing the portion of the record relevant to this episode of care when responding to a request for information for which the signed authorization is that of the parent or guardian. An authorization by the minor shall be required in this instance.)

Information released to authorized individuals or agencies shall be strictly limited to that information required to fulfill the purpose stated on the authorization. Authorizations specifying “any and all information...” or other such broadly inclusive statements shall not be honored. Release of information that is not essential to the stated purpose of the request is specifically prohibited.

Following authorized release of patient information, the signed authorization will be retained in the health record with notation of the specific information released, the date of release and the signature of the individual who released the information.

Health records shall be available for use within the facility for direct patient care by all authorized personnel as specified by the chief executive officer and documented in a policy manual.

Direct access to health records for routine administrative functions, including billing, shall not be permitted, except where the employees are instructed in policies on confidentiality to penalties arising from violation.

Health records shall be available to authorized students enrolled in educational programs affiliated with the institution. Students must present proper identification and written permission of the instructor with their request. Data compiled in educational studies may not include patient identity or other information which could identify the patient.

Health records shall be made available for research to individuals who have obtained approval for their research projects from an institutional review board or appropriate chiropractic staff committee, administrator or other designated authority. Research projects which involve use of health records shall be conducted in accordance with institutional policies on the use of health records for research. Any research project which involves contact of the patient by the researcher must have written permission of the patient’s attending doctor and/or by the chief executive officer of the facility or his/her designee, prior to contact. An institutional policy on use of medical records in research should guide these activities.

If facsimiles of health records are provided to authorized internal users, the same controls will be applied for return of these facsimiles as for return of the original health record. Wherever possible, internal users will be encouraged to use the original health record rather than to obtain a facsimile.

The names, addresses, dates of admission or discharge of patients shall not be released to the news media or commercial organization without the express written consent of the patient or his authorized agent.

Requests for health information received via telephone will require proper identification and verification to assure that the requesting party is entitled to receive such information. A record of the request and information released will be kept.

Principle 1D.

Limits of Chiropractic Care

The doctor of chiropractic shall attend to his/her patient as often as necessary according to his/her professional judgment to ensure the well-being of the patient and continued progress. However, a doctor of chiropractic shall scrupulously avoid unnecessary care.

The doctor of chiropractic shall neither exaggerate nor minimize the gravity of a patient's condition, nor offer any false hope or prognosis. It is also the doctor of chiropractic's duty to acquaint a close friend or relative of a patient who is incapable of caring for himself/herself with the patient's condition, the care being provided and the particular care needed by the patient.

Once committed to serving a patient, a doctor of chiropractic should not terminate his/her professional services without notice, allowing the patient reasonable time to obtain alternative professional services and giving the discharged patient all papers and documents as required by the Professional Code of Ethics.

Principle 1E.

Patient's Bill of Rights Within the Health Care Setting

A patient should expect and receive from doctors of chiropractic entrusted with the responsibility of delivering chiropractic care consideration of their basic rights as human beings to independence of expression, decisions and actions; and concerns and respect for their personal dignity at all times.

The following patient's rights are an integral part of the ICA Code of Professional Ethics and the patient should be advised of these rights by his/her doctor of chiropractic.

1. The patient has the right to impartial access to chiropractic care without regard to race; sex; cultural, national, or ethnic origins; economic, educational, religious, or political affiliation; and without having to disclose the source of payments for his/her care.
2. The patient has the right to be interviewed and examined in surroundings that permit reasonable visual and auditory privacy. Individuals not directly involved in his/her care will not be present without the patient's permission. The patient has the right to be advised of the presence of any individual during consultation and/or care and the reason of their presence.
3. The patient has the right to have a person of his/her sex present during certain physical examinations by a doctor of chiropractic of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the examination for which the patient was asked to disrobe.
4. The patient should know the identity and professional status of individual(s) providing service to him/her and to know who has the primary responsibility for coordinating his/her care. This includes the right to know the professional relationships among individuals who are caring for him/her as well as the relationship to any other health care or educational institution involved in his/her care.
5. The patient has the right to expect information from the doctor of chiropractic coordinating

his/her care concerning the diagnosis/analysis, prognosis and the planned course of care in terms that the patient is able to understand. When it is not clinically advisable to give such information to the patient, the information should be made available to a legally authorized representative of the patient.

6. The patient has the right to actively participate in any and all decisions regarding his/her care. To the extent permissible by applicable law, this will include the right to refuse care even after being informed of possible adverse consequences of his/her decision. When a patient or his/her legally authorized representative refuses procedures which prevent the doctor of chiropractic from providing care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.
7. The patient has the right not to be subjected to any procedure(s) without voluntary consent of the consent of his/her legally authorized representative. When alternatives to chiropractic care exist, the patient can be expected to be informed of these alternatives.
8. The patient has the right to expect confidential care of all communications and records pertaining to his/her care. The patient also has the right to have his/her health care record read only by individuals directly involved in his/her care or in monitoring of its quality and by other individuals only on the patient's written authorization or that of his/her legally authorized representative. Written permission shall be obtained before health care records are made available to anyone not directly concerned with the patient's care.
9. The patient has the right to leave or voluntarily be discharged from chiropractic care even against the best advice of the attending doctor of chiropractic.
10. A patient can expect reasonable continuity of care. He/she shall be informed in advance of the time(s) and location(s) of appointments as well as the name and capacity of the doctor of chiropractic/health practitioner who will be providing care.
11. A patient has the right to be advised if the doctor of chiropractic and/or other attending physicians or other concomitant health care personnel propose to engage in or otherwise perform human experimentation affecting his/her care. The patient has the privilege and right of refusing to participate in any research project. Participation by patient in clinical training programs or in the gathering of data for research purposes should always and everywhere be voluntary.
12. The patient has the right to be informed of continuing health care requirements following discharge from care in the out-patient or in-patient setting.
13. The patient has the right upon request to receive an itemized, detailed and thorough explanation of total charges billed for services rendered, regardless of the source of payment. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third-party payor for the cost of his/her care.
14. The patient shall be advised of his/her rights and shall be instructed as to the rules and policies which apply to his/her conduct as a patient in the out-patient and/or in-patient setting.
15. The patient shall have all his/her rights also applied to the person or persons who may assume the legal responsibility to make decisions on the patient's behalf regarding the

care of the patient should the patient be a legal minor or otherwise incapacitated.

16. The patient has the right to expect reasonable safety insofar as the health care environment is concerned.

17. The patient at his/her own request and expense, has the right to consult with another health care practitioner.

Patient's Responsibilities

1. Provision of Information

A patient has the responsibility to provide, to the best of his/her ability and knowledge, accurate and complete information about present complaints, past illnesses, accidents, hospitalizations, medications, and other matters relating to his/her health. It is the patient's responsibility to report any new episode of trauma or any unexpected changes in his/her health condition to the practitioner. The patient is responsible for letting the doctor of chiropractic know if he/she does not fully comprehend the practitioner's contemplated course of care.

2. Compliance with Instructions

A patient is responsible for following the care plan recommended by the practitioner primarily responsible for his/her care. The patient is responsible for keeping appointments and, when unable to do so, for notifying the practitioner or his/her office.

3. Refusal of Care

The patient is responsible for the consequences if he/she refuses care or does not follow the practitioner's instructions.

4. Charges

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

5. Office/Hospital Rules and Regulations

The patient is responsible for following office/hospital rules and regulations affecting patient care and conduct.

6. Respect and Consideration

The patient is responsible for being considerate of the rights of other patients. He/she is also responsible for being respectful of the property of other persons and of the offices and environment in which care is rendered.

Principle 1F.

Freedom of Choice

The doctor of chiropractic shall recognize the right of the patient to select his/her own method of health care. The doctor of chiropractic shall also respect the patient's right to change his/her choice of providers at will. This may be separate, concomitant or complementary to chiropractic care where cooperation with another provider may be required and concurrent procedures do not conflict.

The doctor of chiropractic should ensure that patients possess enough information to enable the patient to make an informed intelligent decision with regard to any proposed chiropractic care.

Principle 1G.**Consultation and Referral**

In difficult or protracted cases, consultation(s) with other health care providers are recommended and advisable. Having requested the opinion, the doctor of chiropractic shall make available any relevant information and indicate clearly whether he/she wishes the colleague to continue care of the patient.

The doctor of chiropractic shall be ready to act upon a patient's expressed desire for a consultation with another doctor of chiropractic or provider even though he/she may not feel the need for consultation.

The doctor of chiropractic shall, when his/her opinion has been requested by a colleague, report in detail his/her findings and recommendations to the colleague and may outline his/her opinion to the patient. He/she will continue with the care of the patient only at the specific request of the attending doctor of chiropractic or health care provider, and with the consent of the patient.

The doctor of chiropractic shall make available at a patient's request a report of his/her findings and a description of his/her care of the patient.

Principle 1H.**Remuneration**

The health and welfare of the patient should always be paramount and expectation of remuneration or lack thereof shall not in any way affect the quality of service rendered to the patient.

The doctor of chiropractic is entitled to receive proper and reasonable compensation for his/her professional services commensurate with the value of the services rendered compared to the fees commonly assessed in the community by other members of the profession based on usual and customary practices, experience, time, reputation, the nature of the patient's condition and the patient's ability to pay. The doctor of chiropractic should be prepared to discuss his/her fees with individual patients and should initiate discussion when fees are expected to exceed usual and customary charges.

The doctor of chiropractic should support proper activities designed to enable access to necessary chiropractic care on behalf of individuals who are unable to pay reasonable chiropractic fees or who are otherwise legally destitute.

Principle 1I.**Termination of Patients**

Since patients have the right to dismiss providers at will for reasons satisfactory to themselves, likewise, a doctor of chiropractic may decline to attend to a patient if professional ethics and personal self-respect and dignity are compromised. The doctor of chiropractic is encouraged to terminate a doctor-patient relationship when it becomes reasonably clear that the patient is not benefiting from chiropractic care.

Having accepted a patient, a doctor of chiropractic shall give the patient the best chiropractic care possible within the confines of his or her expertise.

If a doctor of chiropractic decides to withdraw from a particular case, the patient or the patient's legal representative shall be given sufficient notice to enable him/her to obtain another health care provider.

Principle 1J.**Guarantees**

The doctor of chiropractic shall not offer or guarantee a cure to any patient either verbally or in writing.

The doctor of chiropractic may give a patient a reasonable estimate regarding the length of time/number of visits that may be required to favorably address a particular condition, but he/she should scrupulously avoid protracted or unnecessary care without some favorable remission of the patient's complaint(s).

Principle 1K.**Practices or Questionable Propriety**

The doctor of chiropractic shall avoid participating or assisting in all practices of questionable propriety either with his/her patients, colleagues, family or other business associates.

The doctor of chiropractic shall conduct his/her practice in surroundings which will not compromise the quality of patient care.

The doctor of chiropractic shall not initiate or otherwise knowingly participate in any illegal or fraudulent action. He/she should maintain the highest standards of professional conduct so the practice is above reproach.

The doctor of chiropractic shall not take physical, emotional, or financial advantage of the public or any patient he/she serves.

Principle 1L.**Diagnostic Procedures**

The doctor of chiropractic shall recommend and use only those diagnostic and analytical procedures, laboratory and imaging techniques allowable by applicable state and/or provincial law that are in the best interests of the patient, will assist in the patient's diagnosis/analysis and care, and are necessary for the well-being of the patient. Furthermore, a doctor of chiropractic shall recognize his/her responsibility in advising patients of diagnostic/analytic findings and any attendant recommendations therefrom.

The doctor of chiropractic shall ensure that a patient is adequately prepared for examination and care and it suitably attired for such purposes.

Principle 1M.**Patient Benefits**

The doctor of chiropractic shall be required to assist patients in securing any benefits due the patient by supplying the information required, if possible, in response to a patient's request for assistance.

When acting at the request of a third or other party, the doctor of chiropractic will ensure that the patient understands the doctor of chiropractic's legal responsibility before conducting any

examination and/or care procedures.

**Principle 1N.
Equality**

The doctor of chiropractic shall render responsible chiropractic care to any and all individuals regardless of race; sex; cultural, national or ethnic origins; religion; political persuasions or ability to recompense.

**Principle 1O.
Practice Aims**

The doctor of chiropractic shall conduct his/her practice with courtesy, honesty, and a high-degree of professional competence in the proper care of the patients with due regard and respect for the patient's unequivocal rights and personal dignity.

The ultimate end is the greatest good of the patient.

2. DUTIES, OBLIGATIONS AND RESPONSIBILITIES OF THE DOCTOR OF CHIROPRACTIC TO THE PUBLIC

**Principle 2A.
Demands Upon the Profession**

The doctor of chiropractic shall recognize that, with respect to licensed professionals dedicated to the promotion of health, prevention of illness and alleviation of suffering, the public demands the highest standard of integrity and dedication from the practitioner and that the practitioner should act accordingly.

The doctor of chiropractic shall recognize that the practice of chiropractic shall recognize that the practice of chiropractic is a privilege and that he/she must merit and retain the respect of the public for this privilege.

The doctor of chiropractic who is also a public official, either elected or appointed, full or part-time, should not engage in activities which are, or may be perceived to be, in conflict with their professional duties.

**Principle 2B.
Observance of Law and Codes**

The doctor of chiropractic shall observe the appropriate laws, decisions and regulations of federal, state and local governmental agencies and cooperate with the pertinent activities and policies of associations legally authorized to regulate or assist in the regulation of the chiropractic profession.

The doctor of chiropractic should be actively concerned with improvements in licensing procedures consistent with the development of the profession and of relevant advances in science.

The International Chiropractors Association holds that the best interest of both the public and the chiropractic profession are served by maintaining chiropractic as a separate and distinct, drugless, non-surgical alternative form of health care. To this end, it is the doctor of chiropractic's duty to provide chiropractic care. It is the responsibility of any licensed health care practitioner not to practice within the field of any other licensed health practitioner unless properly qualified by education, degree and licensing by proper respective authorities.

Principle 2C.
Participation in Community Affairs

The doctor of chiropractic shall be a responsible citizen and participate in the public affairs of his/her state and/or local community in order to improve law, administrative procedures and public policies that pertain to chiropractic and the health care delivery system.

The doctor of chiropractic shall be ready to take the initiative in the proposal and development of measures to benefit the general public health and well-being and should cooperate in the administration and enforcement of such measures and programs to the extent consistent with the law and with chiropractic principles.

Principle 2D.
Advertising

The doctor of chiropractic may advertise, but advertising should be accurate, truthful, and in good taste. Advertisements should not be misleading or deceptive and should accurately represent the doctor of chiropractic's professional status and area of special competence.

Advertising should not appeal primarily to an individual's anxiety or create unjustified expectations or claim cures or absolute results.

The doctor of chiropractic should conform to all applicable state laws, regulations and judicial decisions in connection with personal advertising.

The doctor of chiropractic should avoid advocacy of any product if he/she is identified as a member of the chiropractic profession, except in certain situations where advocacy of the product will reflect on chiropractic's health care specialty and is in the best interest of the consumers' health. Under no circumstances should advocacy of a product be undertaken to promote the doctor of chiropractic's personal practice.

Principle 2E.
Depositions

The doctor of chiropractic may testify either as an expert or when his/her patients are involved in legal proceedings, workers' compensation cases, or in other similar administrative proceedings in personal injury or related cases.

2. DUTIES, OBLIGATIONS AND RESPONSIBILITIES OF THE DOCTOR OF CHIROPRACTIC TO THE PROFESSION

The doctor of chiropractic shall maintain the integrity, competency and high standards of the chiropractic profession by continuously striving to improve his/her skills and competency by keeping abreast of current developments contained in chiropractic, health and scientific literature, and by participating in continuing chiropractic educational programs.

The doctor of chiropractic should, at all times, avoid the appearance of professional impropriety and should recognize that his/her behavior may have an impact on the profession's ability to serve the public. He/she should endeavor to promote the public's confidence in the chiropractic profession.

The doctor of chiropractic shall avoid impugning the reputation of his/her colleagues.

The doctor of chiropractic shall promote and maintain cordial relationships with other members of his/her profession and other professions for the exchange of information advantageous to the public's health and well-being.

Principle 3A.

Contractual Agreements

The doctor of chiropractic shall, when aligning himself/herself in practice with other doctors of chiropractic, insist that they maintain the standards enunciated in this Code of Professional Ethics and the provisions of their respective Chiropractic Act.

The doctor of chiropractic shall enter into a contract with an organization only if it will allow him/her to maintain his/her professional integrity.

Principle 3B.

Research and Study

The doctor of chiropractic shall recognize that he/she has a responsibility to the profession and the public when interpreting scientific knowledge for the public. He/she should do so objectively and not be guided by personal philosophy or personal aggrandizement.

VI. Statements of Official ICA Policy

Over the many decades of the existence of the International Chiropractors Association, the organization's Board of Directors has felt it necessary to present statements of official policy on issues of concern to the science, practice and administration of chiropractic. The following position statements represent the official consensus of ICA's Board of Directors and present the organization's official public position on a wide variety of issues.

**ICA POLICY STATEMENT ON
*Professional Impairment Through Substance Abuse***

The impairment of a doctor of chiropractic through chemical dependence (drug or alcohol) represents a potentially serious threat to the delivery of quality care and to public confidence in the chiropractic profession at large. ICA holds that it is the responsibility of doctors of chiropractic suffering from such conditions to seek appropriate professional help for reasons of personal health and professional reliability. Furthermore, the ICA holds that ethical professional peers should make every effort to assist doctors of chiropractic who are known to them to be impaired through chemical dependency to obtain appropriate professional help in confidence and with dignity.

**ICA POLICY STATEMENT ON
*Spinal Adjustment and Spinal Manipulation***

The ICA holds that the chiropractic spinal adjustment is unique and singular to the chiropractic profession. The chiropractic adjustment shall be defined as a specific directional thrust that sets a vertebra into motion with the intent to improve or correct vertebral malposition or to improve its juxtaposition segmentally in relationship to its articular mates thus reducing or correcting the neuroforaminal/neural canal encroachment factors inherent in the chiropractic vertebral subluxation complex.

The adjustment is characterized by a specific thrust applied to the vertebra utilizing parts of the vertebra and contiguous structures as levers to directionally correct articular malposition. Adjustment shall be differentiated from spinal manipulation in that the adjustment can only be applied to a vertebral malposition with the express intent to improve or correct the subluxation, whereas any joint, subluxated or not, may be manipulated to mobilize the joint or to put the joint through its range of motion.

Chiropractic is a specialized field in the healing arts, and by prior rights, the spinal adjustment is distinct and singular to the chiropractic profession.

**ICA POLICY STATEMENT ON
*Animal Adjusting***

Animal adjusting can, in many situations, be an effective and humane service. Many doctors of chiropractic, through their own experiences, testify as to the beneficial results of adjustments and as D.D. Palmer stated, chiropractic care applies to “all vertebra”. The chiropractic adjustment of subluxations in animals applies to their ills in the same nature as humans. Recognizing the above considerations, the ICA recommends that such services should be provided by chiropractors in accordance with existing regulations.

**ICA POLICY STATEMENT ON
*Child Care***

The International Chiropractic Association recognizes that infants suffer many birth traumas including traction, rotation and lateral flexion of the head relative to the thorax. With the use of forceps, such forces can be extreme (Towbin, 1969, *Developmental Child Neurology*). Forces of traction, rotation and lateral flexion, etc. sustained by the cervical spine when the skull is used as a lever during delivery, have been shown to subluxate the atlanto-occipital and atlanto-axial joints (Gutmann, G., 1987, *Manuelle Medizin*).

It is also recognized that day-in, day-out trauma is a continual part of childhood life which can create spinal misalignment and aberrant motor function.

Asymmetrical development is extremely rare in fetuses (Farfan, 1973), but is actually a developmental process of growth due to asymmetrical stresses on growing tissues. Abnormal posture and spinal misalignment cause abnormal stresses, strains, compression, tension, etc., on vertebral structures, para-spinal tissues, the pelvis and lower extremities during development which may lead to permanent structural change and spinal malformation, e.g., scoliosis. The ICA recommends the earliest possible evaluation, detection and correction of chiropractic lesions (subluxation) in children, especially infants, to maximize the potential for normal growth and development.

**ICA POLICY STATEMENT ON
*Political Organization Membership and Post Graduate Credentialing***

The International Chiropractors Association holds that is inappropriate to require initial membership, and/or continued membership in a political organization to receive, hold, or maintain a postgraduate specialty certification or diplomate in chiropractic.

It is not in the best interest of the D.C., the profession as a whole, nor the public we serve to hold forth the necessity of such political affiliation.

ICA POLICY STATEMENT ON
Surface Electrode Paraspinal Electromyography (EMG)

The ICA acknowledges that analysis of the vertebral subluxation and its effects on the human body is paramount to chiropractic practice. The ICA acknowledges that surface EMG studies are a part of the practice of chiropractic when used to evaluate the muscular changes associated with the vertebral subluxation complex. Surface electrode paraspinal electromyography (EMG) is a non-invasive diagnostic technique used to measure the electrical activity in the muscles surrounding the spine. Such information may be presented as numerical values, or used to create an image.

Protocols and normative data for paraspinal EMG scanning in chiropractic practice have been published in refereed, peer-reviewed journals. Furthermore, courses in the use of paraspinal EMG scanning have been offered and are being offered under the aegis of CCE accredited chiropractic colleges.

ICA POLICY STATEMENT ON
Fluoridation

The countries of the world are facing an increasingly complex and serious problem with respect to the delivery of pure drinking water to their citizens. The addition of any medication or substance to public drinking water constitutes a form of mass medication.

The proponents of artificial water fluoridation have not proven it to be safe and/or without possible cause of future bodily harm.

The International Chiropractors Association considers public water fluoridation to be possibly harmful and a deprivation of the rights of citizens to be free from unwelcome mass medication. The ICA is opposed to the addition of fluoride in any of its forms of drinking water supplies of our nation's cities and municipalities.

ICA POLICY STATEMENT ON
Open Access to Chiropractic Licensure

The International Chiropractors Association supports the principle of free and open licensure for qualified candidates in all states and jurisdictions. Furthermore, the ICA holds that any licensing authority which restricts access to licensure for qualified graduates for political reasons or restricts competition in a state or jurisdictions is in violation of the public trust and is engaging in grossly unfair behavior at the expense of the consumer and the chiropractic profession.

ICA POLICY STATEMENT ON
Low-Force Adjustive Techniques

The International Chiropractors Association recognizes chiropractic techniques that utilize low-force adjustments and soft tissue contacts to achieve correction of the varied components of the subluxation complex. Such techniques, when utilized in attempts to reduce and stabilize biomechanical lesions through alteration of the biodynamics of the musculoskeletal system, are recognized as part of chiropractic practice.

ICA POLICY STATEMENT ON
"Manipulation" Under Anesthesia

The International Chiropractors Association holds that within the armamentarium of chiropractic techniques efficient methods exist that address the pain profiles of even the most sensitive patient.

Furthermore, the chiropractic adjustment relies on the body's own inherent constructive survival mechanisms to innately accomplish adjustic correction.

In light of the above considerations, the International Chiropractors Association holds that anesthesia is inappropriate and unnecessary to the deliverance of a chiropractic adjustment.

**ICA POLICY STATEMENT ON
*The Multi-Disciplinary Practice***

The International Chiropractors Association recognizes that doctors of chiropractic may employ or be employed by other licensed professionals, but that the establishment of such relationships solely for the purpose of insurance or other payment raises serious ethical questions.

**ICA POLICY STATEMENT ON
*Pre-Chiropractic College Undergraduate Degree Requirements***

The International Chiropractors Association strongly opposes state regulations, statutes or criteria for licensure that impose a bachelor's degree requirement prior to entry into a chiropractic professional program. ICA views the establishment of such a requirement as unnecessary, inconsistent with the requirements for licensure in other professions and discriminatory. Such pre-matriculation degree requirements create a class of citizens that will permanently be barred from licensure. ICA also views such artificial and arbitrary barriers to licensure as raising serious legal issues, and to be contrary to both the public's and the chiropractic profession's best interest.

**ICA POLICY STATEMENT ON
*Questionable Qualifier Terms***

While encouraging chiropractic postgraduate education and chiropractic diplomate programs, the International Chiropractors Association holds that Diplomate Programs are not chiropractic specialties and qualifier terms used in conjunction with the title Chiropractor or the term Chiropractic that imply specialization or skill in another health care field is inappropriate. Such usage serves to confuse the public's perception of chiropractic and is not in the public's and the profession's best interest.

**ICA POLICY STATEMENT ON
*Unethical Patient Recruitment***

The International Chiropractors Association recognizes that in the highly competitive modern health economy, the Doctor of Chiropractic often must engage in public education, various methods of practice promotion and, perhaps, advertising to establish and maintain a viable practice. The ICA further recognizes that this process is a difficult and challenging one. The difficulty of the marketing task, however, does not absolve the Doctor of Chiropractic from maintaining the highest ethical and professional standards in the marketing process.

The International Chiropractors Association holds that the enticement of potential patients into any chiropractic clinic or office on the basis of the assertion or representation to the potential patient that research will or is being conducted, at no charge to that subject patient, is inherently suspect. The ICA further holds that attempts to convert such “research subjects” into paying patients, either via self-payment or through third-party payers, represents unethical behavior contrary to the interests of the consumer, the chiropractic profession and the insurance system.

The ICA recognizes the danger such schemes hold for the chiropractic profession at large and the damage these unethical and repugnant activities can and will do to public perception of the integrity and reliability of the chiropractic profession as a whole.

The ICA encourages appropriate authorities to carefully examine patient recruitment schemes that contain the elements of deception and misrepresentation embodied in such research-practice promotion schemes, and take such action as is appropriate to protect the public.

**ICA POLICY STATEMENT ON
*Referral***

The unique, non-duplicative role of the Doctor of Chiropractic as a primary health care provider is a product of the system of chiropractic education and the licensing and regulatory authority of the states.

The primary obligation of Doctors of Chiropractic is to provide the highest quality of care to each patient within the confines of their education and their legal authority. It is the position of the International Chiropractors Association that this primary obligation includes recognizing when the limits of skill and authority are reached. At that point, it is the ICA’s position that doctors in all fields of practice are ethically and morally bound to make patient referrals to practitioners in other fields of healing when such referrals are necessary to provide the highest quality of patient care. This interchange of professional referrals includes, but should not be limited to, doctors of medicine, osteopathy and chiropractic.

Doctors of Chiropractic are also obligated to receive referrals from other health care providers, applying to those patients the same considerations for quality and appropriateness of care as with any other patient. It is the position of the ICA that the professional obligation to the patient includes honest, full and straightforward communication with the referring provider on the issue of optimal patient care.

**ICA POLICY STATEMENT ON
*The Right to Practice Chiropractic***

The International Chiropractors Association has been alerted to attempts within healing arts institutions to train health care providers other than chiropractors to deliver chiropractic vertebral adjustments.

Such efforts jeopardize the boundaries between the healing arts professions. Competent expertise cannot be gained through such “short” courses and they pose a danger to the health care consumer.

The International Chiropractors Association holds that the only person legally allowed to provide chiropractic care should be one who has graduated with a Doctor of Chiropractic degree granted by a Council on Chiropractic Education accredited chiropractic institution or equivalent and who has passed the Boards required for licensure in the jurisdiction in which he/she practices. The International Chiropractors Association holds that no institution or entity should purport to prepare a practitioner to deliver the chiropractic adjustment without filling the above-stated requirement.

**ICA POLICY STATEMENT ON
*ICA Position on “Specialties”***

The International Chiropractors Association (ICA) is a professional organization dedicated to advancing the chiropractic profession and representing and promoting the interests of doctors of chiropractic and the patients they serve through advocacy, research and education. ICA's mission is to move the profession forward while preserving chiropractic's unique identity as a separate, distinct and drugless health care profession.

The International Chiropractors Association does not endorse or recognize any post-graduate educational program or certification as a formal specialty as the term applies routinely in other doctoral level health professions. ICA understands that no profession-wide consensus exists regarding postgraduate education and credentials and that no recognized accrediting body presently offers such status. ICA offers through its system of postgraduate councils several educational programs in numerous areas of study. The objective of these programs is to enhance the knowledge and clinical skills of chiropractic practitioners. ICA recognizes that many options exist in postgraduate education and encourages all doctors of chiropractic to participate in substantive programs to maintain familiarity with trends and developments, to maintain professional informational exchanges, and to enhance clinical skills.

The Postgraduate Councils of the International Chiropractors Association meet the constitutional requirements of the ICA to foster the professional and technical development of the doctor of chiropractic and maximize the personal and professional fulfillment of the chiropractor within the traditional principles and values of chiropractic.

Council membership is open to all licensed doctors of chiropractic regardless of their affiliation with ICA. Doctors of chiropractic who are not Council members may also enroll in the diplomate/certification educational programs. However, to obtain diplomate or certification status and to maintain that status, doctors must be members of that Council and fulfill the requirements for continued postgraduate education as set forth in the Council bylaws.

The ICA publishes a *Membership Referral Directory of Councils*. All diplomates listed in this *Directory* have completed the 3-year, 300+ hours of postgraduate classroom instruction through a CCE-accredited institution and passed the Council's Board Examination. Fellows have achieved their status with additional postgraduate teaching and research/publishing requirements as well as other significant voluntary efforts for the chiropractic profession.

The International Chiropractors Association holds that clear and concise communication to the public regarding health care is both vital and critical. Further, the public needs to clearly understand the skills, talents, and competencies each member of the health care community brings to their benefit.

Professional titles and identifiers can be confusing to the public. Health care professionals of all kinds must take whatever steps are necessary to accurately identify themselves to the public, avoid misrepresentation and reduce confusion wherever possible. It is in this spirit that the International Chiropractors Association is opposed to the use of terms such as "chiropractic physician" or "chiropractic sports physician" or "chiropractic medicine". The ICA perceives that the public, the chiropractic profession and the medical profession are all well served by the avoidance of the use of such terms.

<p style="text-align: center;">ICA POLICY STATEMENT ON <i>Spinal Sprain and Strain Injuries</i></p>

Inherent in most spinal sprain and strain injuries, there exists a biomechanical neurological component of articular malposition referred to chiropractically as subluxation. Such subluxation, if not addressed and merely treated with soft tissue therapeutics and/or joint immobilization forms of care may lead to

joint fixation and/or instability and loss of motor unity integrity.

It is the opinion of the International Chiropractors Association that in such injuries evidence of the chiropractic vertebral subluxation complex should be analyzed and, if present, be corrected by specific chiropractic articular adjustment before immobilization procedures are applied. Lack of such correction of articular misalignment (subluxation) may result in permanent impairment, for waiting more than an hour, much less days, may lead to joint fixation, motion impairment, neurological insult and/or hypermobility of the intervertebral motor unit. Adjustive reduction of the articular subluxation must be accomplished with due regard to soft tissue injury, attempt to enhance recovery and contribute to the prevention of future joint motion impairment, neurological impairment and deteriorative pathological consequences.

**ICA POLICY STATEMENT ON
*The Use of Anabolic Steroids***

The use of anabolic steroids presents a serious health hazard to athletes of all age groups. The use of such growth and performance drugs is rapidly on the rise in all forms of sports. The easy availability of such drugs from illegal sources is increasing to feed a growing demand.

The International Chiropractors Association recognizes the hazards presented by the illegal distribution and use of anabolic steroids and other related drugs and strongly encourages doctors of chiropractic to incorporate factual information on this problem, as appropriate, in patient and community education programs.

The ICA supports strong legislation to deter the distribution and use of these substances and urges a vigorous program of education be undertaken by public health authorities. The ICA pledges to do all it can as a responsible professional society, to educate the public both to the damages of steroid use and to the benefits of drug-free athletic competition.

**ICA POLICY STATEMENT ON
*Subluxation as an Acceptable Primary Diagnosis***

Subluxation is a responsible and credible diagnosis for the doctor of chiropractic and this condition should be recognized and reimbursed as a primary diagnosis by all third-party payment organizations, both public and private.

The analytical/diagnostic determination of a subluxation indicates the need for chiropractic care.

**ICA POLICY STATEMENT ON
*Immunization and Vaccination***

The International Chiropractors Association recognizes that the use of vaccines is not without risk and questions the wisdom of mass vaccination programs. Chiropractic principles favor the enhancement of natural immunity over artificial immunization.

The ICA supports each individual's right to select his or her own health care and to be made aware of the possible adverse effects of vaccines upon a human body. In accordance with such principles and based upon the individual's right to freedom of choice, the ICA is opposed to compulsory programs which infringe upon such rights.

The International Chiropractors Association is supportive of a conscience clause or waiver in

compulsory vaccination laws, providing an elective course of action for all regarding immunization, thereby allowing patients freedom of choice in matters affecting their bodies and health.

**ICA POLICY STATEMENT ON
Videofluoroscopy**

Definition: Videofluoroscopy, Dynamic Spinal Visualization or Cineradiography is the specific, chiropractic, radiographic procedure, study, and interpretation of the dynamics and kinetic properties of the spinal column and its immediate articulations.

The International Chiropractors Association holds that videofluoroscopy, also known as cineradiography or dynamic spinal visualization, is a technology that is especially useful in the observation, determination and classification of kinetic irregularity as seen in the vertebral subluxation complex. A significant body of valid scientific literature has been found to support this conclusion.

The International Chiropractors Association officially recognizes videofluoroscopy to be an acceptable part of chiropractic care for the Doctor of Chiropractic who is trained in this procedure.

VII. REFERENCES

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NOTE: Each quotation from state law in the body of this chapter is followed by the appropriate source information. Those references are not, therefore, included in this summary.