

**STATEMENTS OF
OFFICIAL
INTERNATIONAL
CHIROPRACTORS
ASSOCIATION
POLICY**



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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
The Practice of Chiropractic
Chiropractic Science, Art, Philosophy
Doctor of Chiropractic
Practice of Chiropractic
Clinical Application of Chiropractic***

Throughout its long history, the International Chiropractors Association has sought to educate and inform the public, other health care professions and health policy makers on the principles and definitions of chiropractic in order to foster a broader understanding and acceptance of the profession. Equally important, the ICA has sought to establish standards of ethical, technical and professional excellence as guideposts for the Doctor of Chiropractic.

Vital to these endeavors is a clear, carefully reasoned and concise statement of what the Board of Directors understands the basic principles and definitions of chiropractic to be.

Building upon over a century of growth and experience, and in concert with changing state legislation, court-mandated standards of care and enhanced educational requirements, the Board of Director of the International Chiropractors Association adopts the following statement of the Practice of Chiropractic in an effort to update and clarify the position of the ICA in a rapidly changing health care world.

The Science of Chiropractic

- I. The **SCIENCE** of chiropractic deals with the relationship between the articulations of the skeleton and the nervous system, and the role of this relationship in the restoration and maintenance of health. Of primary concern to chiropractic are abnormalities of structure or function of the vertebral column known clinically as the vertebral subluxation complex. The subluxation complex includes any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances.

The Philosophy of Chiropractic

- II. The **PHILOSOPHY** of chiropractic holds that the body is a self-healing organism and that a major determining factor in the development of states of disease or dysfunction is the body's inability to comprehend its environment either internally and/or externally. Directly or indirectly, all bodily function is controlled by the nervous system, consequently a central theme of chiropractic theories on health is the premise that abnormal bodily function may be caused by interference with nerve transmission and expression due to pressure, strain or tension upon the spinal cord, spinal nerves, or peripheral nerves as a result of a displacement of the spinal segments or other skeletal structures (subluxation).

The Art of Chiropractic

- III. The **ART** of chiropractic pertains to the skill and judgement required for the detection, location, analysis, control, reduction and correction of primarily the vertebral subluxation complex. It also involves the determination of any contraindications to the provision of chiropractic care or to any particular method of adjusting.

The ICA holds that the chiropractic spinal adjustment is unique and singular to the chiropractic profession due to its specificity of application and rationale for application.

The Doctor of Chiropractic

- IV. The **DOCTOR OF CHIROPRACTIC** is a portal of entry, primary health care provider, and, as such, is well educated in the basic, clinical and chiropractic sciences and other health-related areas. This broad range of education is taught within the context of the philosophy of the science, principles, and ethics of Chiropractic.

The Doctor of Chiropractic is trained in physical, clinical, laboratory, analytical and diagnostic procedures, as well as in the monitoring of body functions thus enabling him or her to responsibly and effectively care for his or her patient in health and disease, to engage in timely consultation with other health care professionals, and to refer and accept referrals when in the patient's best interest.

The International Chiropractors Association recognizes that the various state legislatures have the right to grant Doctors of Chiropractic the option to qualify, and thereafter utilize, procedures which are not within the Association's view of the parameters of the clinical application of traditional chiropractic.

While respecting individual and state rights, the International Chiropractors Association holds that it is in the best interest of the Chiropractic profession and the consuming public to advocate and promote a standardized and consistent scope of practice worldwide.

The International Chiropractors Association holds that the best interests 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, and, as such, does not include in its practice any form of allopathic or homeopathic pharmaceutical prescription or surgery.

The Practice of Chiropractic

- V. The **PRACTICE** of chiropractic consists of the analysis of interference with normal nerve transmission and expression produced by abnormalities of one or more vertebral motor units or other skeletal structures and the correction thereof by adjustment of these structures for the restoration and maintenance of health, without the use of drugs or surgery. The ICA considers the therapeutic use of drugs and surgery to be the practice of medicine. The term "analysis" in this context includes the use of x-ray and other analytical instruments generally used in the practice of chiropractic.

Chiropractic care utilizes the inherent recuperative powers of the body for the restoration and maintenance of health through the normalization of the relationship between the spinal musculoskeletal structures and the nervous system. Chiropractic science recognizes that essentially only the body heals and, therefore, holds forth no cure for disease.

The Clinical Application of Chiropractic

- VI. The **CLINICAL APPLICATION** of chiropractic includes the adjustment of the spinal vertebrae, the sacrum, the ilia, the coccyx and other skeletal articulations; the use of analytical and diagnostic x-rays of the skeletal system and of its adjacent tissues; those procedures necessary to interpret disorders of the neuromuscular skeletal system and those conditions related thereto; and the use of physical, clinical and laboratory diagnostic procedures to ascertain the nature of the patient's problem and respond appropriately so as to secure the optimal care of the patient. Inherent in the concept is the obligation to consult with or refer to other health care providers before, during or after the rendering of chiropractic care, if in his/her professional opinion, it is appropriate and in the best interest of the patient. The Doctor of Chiropractic may elect to use appropriate ancillary and rehabilitative procedures appropriate to the area of subluxation complex dysfunction in the support of the chiropractic adjustment, nutritional advice for the overall enhancement of the health of the patient, and counsel for the restoration and the maintenance of health.

ICA POLICY STATEMENT ON

Chiropractic Diagnosis

The Doctor of Chiropractic is educated in the basic clinical and chiropractic sciences, in other health related subjects, and in appropriate physical, clinical, laboratory and radiological investigative procedures. A Doctor of Chiropractic is considered by the International Chiropractors Association to be a portal of entry, primary health-care provider.

The ICA holds that it is a basic responsibility of the doctor of chiropractic to employ such diagnostic processes as are necessary in his or her professional judgment to determine the need for care and, in particular, to detect the presence, location and nature of chiropractic lesions (subluxation and attendant biomechanical, biochemical, structural and neurophysiological problems, etc.) and prepare and administer an appropriate course of care within the realm of chiropractic specialty. In addition, Doctors of Chiropractic use diagnostic procedures for the purpose of:

A. Determining appropriate case management.

1. To ascertain the nature of the patient's problem and respond appropriately so as to secure the optimal care for the patient. Inherent in this concept is the obligation to consult with or refer to other health care providers before, during or after the rendering of chiropractic care, if in his/her professional opinion, it is appropriate and in the best interest of the patient.
2. To assess any subluxation complexes discovered in the patient along with related biomechanical, biochemical and neurophysiological presentations.
3. To identify any associated, aggravating or complicating conditions that are found to exist concomitantly with the subluxation complexes.
4. To administer a regimen of care and the response thereto which includes appropriate monitoring of the body's physiology.

B. Monitoring the effectiveness of chiropractic care.

1. To monitor changes in the patient's condition and to determine whether or not chiropractic care is answering the needs of the patient.
2. To ascertain whether or not a significant reduction in previously detected abnormal conditions is occurring.

C. Provide the patient counseling and a prognosis for the future.

The ICA is committed to the concept that the chiropractic profession is a specialized field in the health care delivery system and that its primary focus and expertise in diagnosis relates to the functional alignment of the osseous structures of the human body, particularly the spine, to determine the relationship of these structures with the nervous system and how this relationship affects the restoration and preservation of health.

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

***Subluxation as an
Acceptable 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

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

Child Care

The International Chiropractors 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 sublaxate 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

Ethical and Professionally Competent Review of Chiropractic Health Insurance Claims

Of the challenges facing Doctors of Chiropractic as we enter the new decade, few have greater ethical, operational or economic importance than the issues of peer review, IMEs and the standards and methods employed by insurance consultants to evaluate and make decisions on appropriateness of care in insurance cases. Decisions by claims review personnel in the employ of insurance carriers directly affect the continuation or termination of third-party payment of claims. The emergence of an unregulated class of decisions makers and the imposition of their economic authority between the Doctor of Chiropractic and the patient, raises serious ethical questions about the quality of care and presents a potential threat to the professional autonomy and status of the practitioner.

It is the hope of the ICA Board of Directors that this policy statement will foster an expanded discussion of the issues of insurance consultants, and contribute to the development of practical and effective administrative or legislative solutions through which fair treatment in the insurance process can be secured for patient and Doctor of Chiropractic alike.

In response to expressions of concern from members, and in recognition of the need to promote a better understanding of these issues, the ICA submits the following statement of policy to the chiropractic profession and the insurance industry.

1. The International Chiropractors Association recognizes that in the present health care economy, peer review for appropriateness of care supplied by all classes of providers is a necessary and established fact.
2. It is the position of the ICA that, because of the unique and non-duplicative nature of the science, art, and philosophy of chiropractic, the decisions of a Doctor of Chiropractic on the care of a particular patient can only be accurately and competently evaluated by another licensed Doctor of Chiropractic actively practicing in the same geographic area.
3. It is the position of the ICA that the review of patient case files to determine the appropriateness of care in insurance claims is the practice of chiropractic and may only be competently and ethically done by a licensed, practicing Doctor of Chiropractic.
4. Doctors of Chiropractic reviewing case files to determine whether care should be continued are obliged to bring the same technical, professional and ethical considerations to that process as they would apply to a patient in their office. Furthermore, judgments must be based on a complete evaluation of all records and files, the identity of the provider being blinded.
5. Independent physical examinations of insurance beneficiaries to determine validity of claims must be performed by licensed, practicing Doctors of Chiropractic. The patient must be given ample advance notice (no less than five working days), with the treating doctor and his/her representative as well as the patient and his/her witness having the right and opportunity to be present for the entire IME process.
6. The treating doctor and his/her representative and the patient and his/her witness have the right to record the IME process and have the right to receive a copy of the IME doctor's report on a timely basis.
7. The payment of Doctors of Chiropractic for reviewing insurance claims raises serious ethical questions. The ICA acknowledges that there are circumstances under which this is appropriate but holds that doctors of chiropractic who agree to accept a percentage of claims reduced as compensation, or who enter into agreements guaranteeing to reduce reviewed claims by an established percentage, have crossed an ethical boundary and are engaging in unfair and grossly inappropriate behavior.

8. The ICA holds that the licensing and regulatory boards in the various states are the appropriate authorities through which to regulate the operations of insurance consultants. The ICA shall support efforts undertaken by the chiropractic community to legislate state certification of insurance review consultants, including programs of education and certification via accredited chiropractic colleges. Furthermore, the ICA supports the concept of certification based on state-approved standards as a basic requirement for insurance claims review by doctors of chiropractic.
9. The ICA shall seek to establish, in a cooperative effort with other national and state chiropractic associations, an agreed statement of Insurance Review Principles and Methods. Such a statement of practical and ethical guidelines could then be communicated to the insurance industry as the acceptable basis by which claims reviews might be conducted.
10. Of particular concern to ICA is the degree to which insurance companies promote the comprehensive nature of their products in vigorous marketing programs. In operation, however, the plans often then seek to interpose care evaluation criteria based on their own, often economically-based, standards. The gap between the provider's judgment and the industry standard is then explained to the beneficiary as inappropriate or unnecessary care. The chiropractic profession must demand truth in insurance marketing and accept no standard that does not provide for the optimal care of the patient.

The ICA stands ready to cooperate in a broad-based, nationwide campaign on the part of the chiropractic profession to establish insurance review procedures that are ethically sound, economically fair, and which will ensure that the insurance industry and the chiropractic profession can collectively meet the legitimate health care needs of the insured patient.

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

Spinal Sprain and Strain Injuries

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

Thermography

The International Chiropractors Association holds that thermography or thermal diagnostic analysis has been an integral part of chiropractic since the 1930's. It is a valid diagnostic modality in the practice of chiropractic.

The International Chiropractors Association further recognizes the value of thermographic examination and protocol procedures, having been established in refereed, peer-reviewed scientific journals, as well as being taught and used under the auspices of CCE accredited chiropractic colleges.

It is the position of the International Chiropractors Association that thermography studies are a reasonable and customary method of chiropractic examination to evaluate the autonomic components of the vertebral subluxation complex, when clinical need for the study has been established by the attending doctor of chiropractic.

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.

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 *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

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

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

The Use of X-Ray in Chiropractic

The ICA holds that the major clinical concern of the Doctor of Chiropractic, in respect to his or her realm of specialized health care, is the detection, location, analysis, control, reduction and correction of the vertebral subluxation.

X-ray is a primary diagnostic/analytical tool in the detection of subluxation, in determining segmental mobility/immobility and in ascertaining the reduction and/or correction of subluxation and spinal distortions.

The ICA holds that the use of x-rays by the Doctor of Chiropractic, when clinically indicated, is common practice necessary in diagnosis, analysis, prognostic evaluation and in the evaluation of subluxation location, correction, reduction and total spinal evaluation.

Plain film x-rays of the human body structures, primarily of the spine, should be taken only for clinical reasons as determined by the chiropractor. Original x-rays, being a part of the patient's clinical record, should not be released from the patient's file. Copies can be requested by the patient or third party payers.

The doctor of chiropractic may perform radiographic studies of the spine and other body articulations to accomplish one or more of the following.

1. Evaluation of the biomechanical components of the vertebral subluxation complex(es) in terms of misalignment(s) and shifts in particular body planes;
2. Determination of biomechanical distortion in terms of angular misalignments, curvatures which might be related to vertebral subluxation complex(es);
3. Provision of a documented source of significant radiological finding which can be described in terms of changes in size, shape and density in order to be categorized either as congenital, developmental, traumatic, degenerative or pathological;
4. A prioritization of these radiological findings as to their significance in case management, in terms of:
 - ◆ any necessary modifications of the chiropractic adjustment or contraindications to certain chiropractic techniques; and/or
 - ◆ whether referral to another health care provider is appropriate;
5. Assessment of subluxation reduction or correction and subsequent stabilization;
6. Serial evaluations of spinal curvatures;
7. Determination of the appropriate prognosis; and
8. Addressing any sudden loss or reduction of efficacy of the care plan that would indicate a change in the patient's condition.

Any spinal or biomechanically-related radiological findings which have developed either previously to, in conjunction with, or independently of the principal chiropractic diagnostic entities (vertebral subluxations) and other structural distortions constitute complication factors of the chiropractic diagnosis. These radiological findings can derive from traumatic, metabolic, infections, degenerative, autoimmune, malignant, congenital, developmental, and/or compensatory origins. These findings are significant because they exacerbate vertebral subluxations and may therefore interfere with or retard their correction.

Definitions Related to Radiological Studies

Post Adjustment Studies

Post adjustment studies can be performed in order to assess the vertebral subluxation's reduction or correction and its subsequent stabilization.

Serial evaluation

A serial evaluation can be performed in order to monitor biomechanically-related radiological findings (i.e., structural distortions, curvatures, area(s) of vertebral hypomobility, and area(s) of vertebral hypermobility) which have developed either previously to, in conjunction with, or independently of vertebral subluxations.

X-rays commonly taken in chiropractic practice include but are not limited to the following:

- ◆ full spine radiographic studies
- ◆ cervical spine radiographic studies
- ◆ thoracic spine radiographic studies
- ◆ lumbar spine (and/or pelvic) radiographic studies
- ◆ upper extremity radiographic studies
- ◆ lower extremity radiographic studies

Other Radiographic Studies

Interpretation of radiographic studies performed elsewhere

When radiographs have been taken by another chiropractor, hospital or physician, the role of the chiropractor is to review the radiological findings and to analyze the biomechanical components of the vertebral subluxations in terms of vertebral misalignments(s) and shifting movement(s) in particular body planes, as well as to evaluate structural distortions (i.e. articular misalignments, spinal curvatures).

Digital radiographic mensuration (per spinal region)

Digital radiographic mensuration is a biomechanical analysis technique. Anatomical landmarks from plain film radiographic studies are recorded in a computer program for the assessment of the biomechanical components of the vertebral subluxation(s) and spinal distortions. The computer's analysis compares the computerized biomechanical model to the patient's data and generates a report.

Unlisted radiographic study.

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 jurisdiction 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

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

***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

***Postgraduate Chiropractic Continuing Education:
Certification and Diplomate Programs***

The International Chiropractors Association holds that all chiropractic graduate education, continuing education, certification and diplomate programs; and independent education programs intended to advance the knowledge and skill of chiropractic practitioners and chiropractic students, should be provided only to chiropractors holding a D.C. degree granted by an accredited chiropractic college or to chiropractic students enrolled in an accredited chiropractic college.

Programs promulgated and presented through accredited chiropractic colleges, and those given by independent chiropractic educators, researchers, clinicians and technique developers are intended for chiropractors and chiropractic students who possess baseline knowledge that can only be obtained through a formal chiropractic education. Such courses are not intended for those with no formal education in a doctor of chiropractic program.

The ICA holds that it is the responsibility of those providing such programs to carefully monitor the participants to determine their status as chiropractic students of doctors of chiropractic.

Practitioners of other healing professions, therapists, lay people and anyone not enrolled or a graduate of an accredited chiropractic college lack basic chiropractic skills and information to properly utilize materials taught in postgraduate educational programs. Attempting to utilize such information in their practice could be detrimental to patients and under many circumstances *could* be nothing less than fraudulent.

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

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

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
***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
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
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
***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.

Excerpted from the ICA Policy Handbook & Code of Ethics. (Policies/Individual Page Policies)

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The International Chiropractors Association is the oldest continuously active international chiropractic organization in the world. Established in 1926 by Dr. B.J. Palmer (son of Dr. D.D. Palmer, the founder of chiropractic) the ICA represents thousands of practitioners, educators, students and lay persons dedicated to the chiropractic profession. The ICA has traditionally been and continues to be recognized as representing the moderate voice of the chiropractic profession. The ICA represents and promotes the interests of chiropractic, chiropractors and the patients they serve through advocacy, research, communication, and education.

Throughout its long history, the International Chiropractors Association has sought to educate and inform the public, other health care professions and health policy makers on the principles and definitions of chiropractic in order to foster a broader understanding and acceptance of the profession. The ICA has also established standards of ethical, technical and professional excellence as guideposts for the Doctor of Chiropractic. For further information or a copy of the ICA Policy Handbook & Code of Ethics including a description of the Practice of Chiropractic, contact the International Chiropractors Association.

For More Information on Chiropractic, call or write:

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