

The Chiropractic Paradigm

INTRODUCTION

In the November/December 1996 issue of *Today's Chiropractic*, a copy of a letter dated October 1996, sent to many in the chiropractic profession, was re-published along with the "Chiropractic Paradigm" developed by the Association of Chiropractic Colleges. The letter reads:

Dear Colleague:

The first year of our second centennial concludes with a historic event. The presidents of each and every chiropractic college or program have agreed upon some very fundamental issues.

Through a series of retreats, the college presidents—guided by a very able facilitator, Mary Rowe—have worked through a consensus process to reach agreement on definitions and a chiropractic paradigm. These definitions and the overall paradigm form a foundation for a more unified basis for the future development of the profession through chiropractic education.

I appreciate the cooperative spirit of the college presidents to work together for a common cause.

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I know of no other document describing the practice of chiropractic that has ever carried the unanimous endorsement of **every college president** (in the United States). If college presidential endorsement

were not historically unique enough, this paradigm has since received the endorsement of a wide number of chiropractic organizations on a worldwide basis. The following is a partial listing of those organizations that now endorse the ACC Paradigm:

American Chiropractic Association
International Chiropractors Association
Congress of Chiropractic State Associations
National Association of Chiropractic Attorneys
World Chiropractic Alliance
World Federation of Chiropractic

One may query how can a single document, which actually consists of two position papers, be so widely accepted by such a diversity of thought within the chiropractic profession. I dare venture a few possibilities:

1. Diversity of thought was respected and a balance of ideas sought after.
2. Statements were crafted after difficult dialogue that favored no single position or person.
3. While definitive in nature, boundaries were intended to be porous.
4. Definitions tended to be more abstract than finite.

It was and remains the desire of the ACC to have the paradigm serve as a vehicle for dialogue and debate in the profession. Behind each statement in each position paper there is a need to clarify, categorize and conceptualize more fully the depth of meaning contained therein. As an example, in position paper #2, "ACC Chiropractic Scope and Practice," paragraph 3.0 states:

The Journal of Chiropractic Education

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Vol. 15, No. 2. Printed in U.S.A.
1042-5055/\$4.00

DIAGNOSTIC

Doctors of Chiropractic, as primary contact health care providers, employ the education, knowledge, diagnostic skill, and clinical judgment necessary to determine appropriate chiropractic care and management.

Doctors of Chiropractic have access to diagnostic procedures and/or referral sources as required.

What is meant by “primary contact health providers?” Such a statement implies first contact but leaves begging the more comprehensive designation of “primary care provider.” Is the doctor of chiropractic just a musculoskeletal, back pain, subluxation doorway to the health care delivery system? Or, should we fill the role of not only an entry but as a point of triage for care based on the needs of the patient, either directly administered or referred to another discipline for care?

What is the level of education and knowledge required to obtain the “diagnostic skill, and clinical judgment” to practice chiropractic? When a doctor of chiropractic stands before his or her patient, someone who voluntarily resolved to submit himself or herself to the wisdom of the “doctor” for the benefit of his or her physical (mostly) and mental or emotional condition, what does the doctor do? First the doctor makes observations. The patient is alive and therefore is able to move, respond, and explain. That is the beginning of a diagnosis/analysis. Beyond initial observations and social interactions where preliminary perceptions are being developed, the doctor will actually touch the patient. The purpose of touching is myriad: taking a pulse, determining body temperature, detection of a subluxation or muscle tonicity, and so forth. At what point does the diagnostic process end, or does it ever come to completion? If not, at what point in the process can it be safely assumed by the doctor of chiropractic that “chiropractic care and management” are appropriate?

This is but one example of how the paradigm can and should be used by the profession, especially by the educators and teachers in the profession, to work towards a clarification of the meanings imbedded within the paradigm statements. We have an opportunity to overcome the lack of internal consensus regarding who we are and what we do and thereby strengthen the external legitimacy of the profession.

The college presidents did indeed achieve a monumental accomplishment. The profession has followed suit with its widespread endorsement of the paradigm statements and the concepts contained therein. Now

is the time to gather our philosophers, our scientists, and our moralists to wrestle with and flesh out the body of meaning constrained within the two position statements. The future is in our hands.

Reed B. Phillips, D.C., Ph.D.



CHIROPRACTIC PARADIGM

Preamble

The Association of Chiropractic Colleges (ACC) is committed to affirming the profession by addressing issues facing chiropractic education. The ACC brings together a wide range of perspectives on chiropractic and is uniquely positioned to help define the chiropractic role within health care.

The ACC is committed to greater public service through reaching consensus on the following issues which are important to the chiropractic profession:

- continued enhancement of educational curricula;
- strengthening chiropractic research;
- participating and providing leadership in the development of health care policy;
- fostering relationships with other health care providers,
- affirming professional confidence and conduct; and
- increasing public awareness regarding the benefits of chiropractic care.

The member Colleges of the ACC represent a broad diversity of institutional missions. The presidents have drafted a consensus statement that includes the following:

- the ACC position on chiropractic;
- a representation of the chiropractic paradigm; and
- clarification regarding the definition and clinical management of the subluxation.

Additional statements will be forthcoming as the ACC continues to provide meaning and substance regarding what is taught in chiropractic colleges and how this information influences the present and future of the profession.

ACC Position on Chiropractic

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

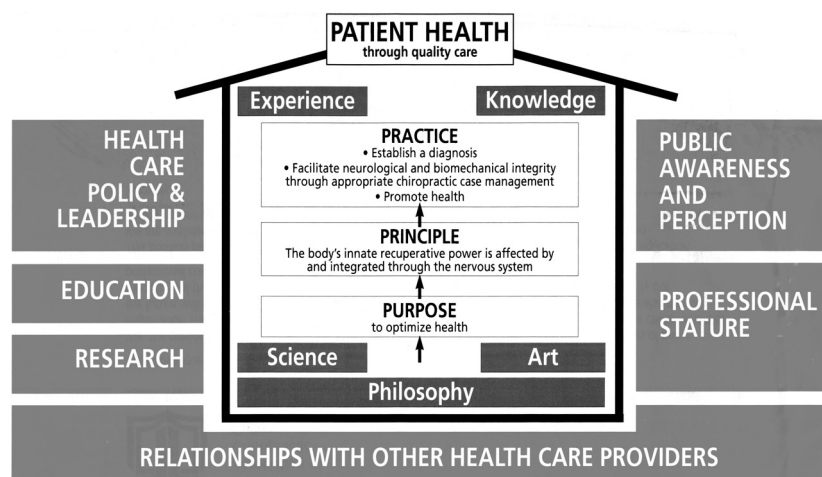


Figure 1. The ACC Chiropractic Program.

surgery. The practice of chiropractic focuses on the relationship between 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.

The Association of Chiropractic Colleges continues to foster a unique, distinct chiropractic profession that serves as a health care discipline for all. The ACC advocates a profession that generates, develops, and utilizes the highest level of evidence possible in the provision of effective, prudent, and cost-conscious patient evaluation and care.

The Chiropractic Paradigm (refer to Figure 1)

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.

CHIROPRACTIC SCOPE AND PRACTICE

Introduction

The Association of Chiropractic Colleges (ACC) brings together a wide range of perspectives on

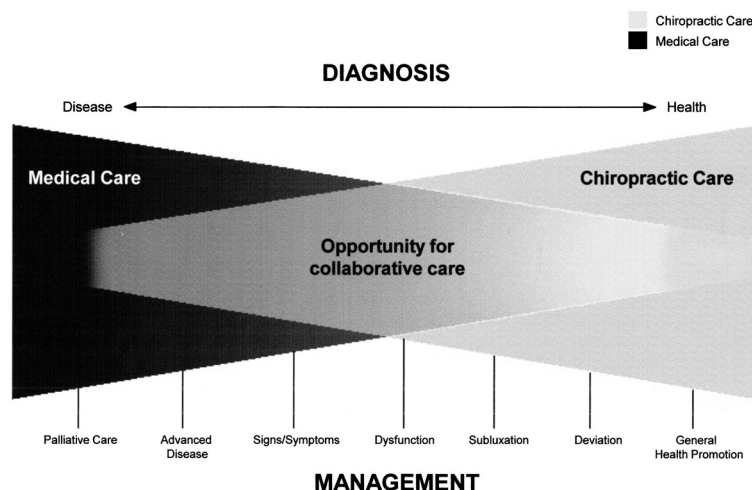


Figure 2. ACC Chiropractic Scope and Practice.

chiropractic and is uniquely positioned to help define the chiropractic role within health care. In position paper #1 (July 1996), the ACC presidents described the practice of chiropractic within the chiropractic paradigm to include:

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

As part of its on-going commitment to affirming the profession by addressing issues facing chiropractic education, the ACC presidents have drafted a consensus statement on chiropractic scope and practice.

ACC member colleges educate students for the competent practice of chiropractic. These academic institutions have a direct interest in the definition of the chiropractic scope and practice. Clarity on chiropractic scope and practice will:

- enhance the consistency and excellence of educational outcome;
- contribute to a better understanding of chiropractic education and practice, both within the profession and by the public; and
- provide direction to the profession for the advancement of chiropractic.

This second position paper includes:

- definition of the chiropractic scope; and
- a description of the practice of chiropractic with

respect to diagnosis, case management, and health promotion.

Defining Chiropractic Scope

Since human function is neurologically integrated, Doctors of Chiropractic evaluate and facilitate biomechanical and neuro-biological function and integrity through the use of appropriate conservative, diagnostic and chiropractic care procedures (see Fig. 2). Therefore, direct access chiropractic care is integral to everyone's health care regimen.

Defining Chiropractic Practice

Diagnostic

Doctors of Chiropractic, as primary contact health care providers, employ the education, knowledge, diagnostic skill, and clinical judgment necessary to determine appropriate chiropractic care and management. Doctors of Chiropractic have access to diagnostic procedures and/or referral resources as required.

Case Management

Doctors of Chiropractic establish a doctor/patient relationship and utilize adjustive and other clinical procedures unique to the chiropractic discipline. Doctors of Chiropractic may also use other conservative patient care procedures, and, when appropriate, collaborate with and/or refer to other health care providers.

Health Promotion

Doctors of Chiropractic advise and educate patients and communities in structural and spinal hygiene and healthful living practices.