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# Diversity in Chiropractic Technique

## A Proposed Solution to the Obstacles Associated with Teaching and Evaluating Technique in the Academic and Clinical Settings of a Chiropractic College\*

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There has been no formal standardization in the teaching of subluxation-based chiropractic technique and analysis within chiropractic institutions. A solution is offered via a functional model for standardization and faculty certification in chiropractic technique. A proposal was created by the Clinical Faculty and the Department of Technique & Analysis to standardize the teaching of technique and to certify faculty members in various chiropractic techniques. An evolving process developed which resulted in a standardized knowledge base of technique as taught by faculty in the clinics and the Department of Technique & Analysis. There was an increase in knowledge regarding technique protocols, as well as an increase in communication between administration, clinic, and academic faculty. A majority of the faculty members received instruction about and were certified in at least two techniques. The standardization and certification process evolved from a fairly rigid model to one that allowed for more flexibility between the various groups and individuals involved. The process should be subjected to necessary modifications in order to strengthen the process and its outcome.

### INTRODUCTION

Within the chiropractic educational program, technique protocols occupy a large part of the curriculum. Chiropractic analysis and adjustive techniques form the basis of what students in chiropractic colleges bring into the field upon graduation and is a blending of the philosophy, science, and especially the art of chiropractic.

Chiropractic college students are taught subluxation-based chiropractic technique in both an academic and clinical environment and in many instances these two environments are artificially separated. This, coupled with the inherent diversity in the teaching and application of chiropractic technique procedures, means the student is more likely than not exposed to several instructors with varying degrees of agreement on how the technique

in question is applied. This has the potential to create confusion in the mind of the student as well as creating unnecessary diversity in the field once these students graduate and enter practice. Attempts have been made to develop guidelines that standardize the practice of chiropractic in general (1,2). One guideline specifically focused on vertebral subluxation and also included technique developers in their guideline development process (3). However, we are not aware of a comprehensive attempt to develop consensus or evidence-based guidelines regarding the teaching and implementation of subluxation-based chiropractic technique within the chiropractic college environment. We also recognize that there has been no formal standardization of subluxation-based chiropractic technique and analysis. The president of our institution, along with members of the academic and clinic administration, recognized a need to ensure that all faculty involved in the

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teaching of chiropractic technique and analysis held a predetermined level of competency in these areas.

The objective of this project was to develop an evolving process whereby we would come to a consensus on how the teaching and performance of chiropractic analytical and adjustive procedures are presented in a chiropractic institution. It was felt that this process would lessen the varying degrees of disagreement on how each particular technique is taught between the academic and clinical instructors of chiropractic analysis and technique. Through this process we hoped to develop a system whereby faculty would become “certified” in individual techniques to ensure that a faculty knowledge base in techniques is met which is both applicable and qualitative. This would ensure that the knowledge base regarding what the instructor needs to know in order to perform his or her job as an educator on a daily one-on-one basis with a student is met and there would be documentation that verifies the instructor’s knowledge.

The purpose of the standardization process and faculty certification is to have a synchronized and standardized knowledge base regarding chiropractic technique and analysis as taught in the academic and clinical setting of our institution. This would help to ensure that all instructors from the Department of Technique & Analysis to the Department of Clinics, from clinic to clinic, and faculty doctor to faculty doctor were teaching the same set of guidelines utilized in that technique protocol. This would improve the academic and clinical experience between the faculty doctor and student and would ultimately reduce the wide diversity of technique application in the field.

## METHODS

### **Establishment of Facilitators**

Due to the fact that our institution has multiple teaching clinics, it was proposed that each clinic would send one representative to be a Clinic Technique Facilitator and an automatic member of what would become the “Technique Standardization Committee” for that particular technique. The clinic facilitators would be selected by their Clinic Director, voluntarily accept, and be voted on by that clinic’s full faculty as per parliamentary procedure. The reason for consensus on the selection of the facilitator is that it is imperative the faculty members feel confident in the selection

since that faculty member would in turn be the teacher/examiner/authority in that given technique. Certain incentives would also need to be established to encourage and foster people who serve as facilitators.

### **Establishment of Standardization Committees**

The four (one per clinic) facilitators in each given technique would meet with the academic instructors of each given technique. The academic instructors would be the Academic Technique Facilitators. These two groups, the Clinic Technique Facilitators and the Academic Technique Facilitators, would constitute the Standardization Committee for each given technique. (i.e., Toggle Standardization Committee, Full Spine Standardization Committee, etc.).

Implementation of technique-specific standardization committees comprised of academic and clinic faculty would help ensure an ongoing equilibrium concerning the content of material taught to students. These committees could focus on the microelements of our technique curriculum while the Curriculum Committee has a focus on the macroelements of the overall curriculum of the institution. Technique-specific standardization committee meetings would occur not only at the initial meeting but at least once quarterly in order to ensure ongoing standardization of technique. The clinic facilitators would confer as a colleague with the academic facilitators. They would decide as a committee, along with their department heads, what is to be taught utilizing recognized technique documentation such as textbooks, available research, guidelines, and consensus. The University’s Mission Statement, its goals, and chiropractic philosophy would be the basis for where to start. The department heads, deans, and president would then approve this.

### **Training, Examination, and Certification**

Once the content for the technique curriculum was agreed upon, the clinic and academic facilitators would develop the certification exams. The initial faculty certification facilitators who developed the examinations and assist in researching, defining, and teaching what is standard for the given techniques would automatically be complete with their certification requirements for that given technique. This would occur once the material and exam had been approved by committee and administration.

Future clinic and academic facilitators would meet with all veteran examiners of their given technique to ensure one standard and be tested themselves prior to teaching and testing other faculty. All instructors involved in the teaching of technique and analysis would take the Faculty Certification Exam for each given technique for which they interact with students. The clinic faculty would be tested by their individual clinic facilitator in their given clinic after the process of learning the material for that given technique. The end result of this is that the only information students receive from faculty about that given technique will have been agreed upon by all parties. Thus, academics and clinics will have one standard and future changes necessary due to research findings and so forth would be made through the respective committees.

The clinic and academic facilitators would teach the faculty one-on-one and/or in mini-seminar fashion. The training would be presented both in a lecture and practical manner. The amount of training would be sufficient to ensure knowledge consistent with certification in that technique. Teaching would be completed in a timely yet reasonable manner in order to bring all faculty up to certification levels without jeopardizing the functioning of the academic and clinical setting. Teaching and testing would be done during the faculty member and facilitator's scheduled shift time and/or during faculty in-services, preferably during the four quarterly academic breaks.

The facilitators would then use the approved examination to test comprehension of the technique as taught at the institution. If a faculty member failed the examination, he or she would be allowed to repeat the mini-seminars, in-services, and/or one-on-one training. Upon successful completion of a certification exam for a given technique, that particular faculty doctor would only need to be updated on future changes in that technique (should they occur.) He or she would be updated on a regular basis and be expected to stay current so that any future testing in that technique, if ever necessary, would only be on new material. The only exception would be in a case where it is documented that a faculty doctor is clearly teaching incorrect material or material inconsistent with the institution's established standard for that technique. In such a case, the supervisor may take whatever action he or she deems necessary, included but not limited to re-teaching or re-examination in that technique. In extreme cases,

if a faculty doctor has a problem or concern with the facilitator that he or she is assigned to, he or she may elect to be taught and tested by another facilitator. This can only occur with the supervisor's approval and only after failing the standardization test once. In the event a faculty doctor failed an exam for the second time, the Standardization Committee for that technique would make a written recommendation for that faculty member and deliver it to his or her direct supervisor, who would then take whatever action he or she deemed necessary to remedy the situation.

## RESULTS

Technique facilitators in each outpatient clinic were established for each of the techniques taught and utilized at the institution. These facilitators met, reviewed material, and were examined by the academic faculty relative to each technique. These facilitators, once tested and having achieved certification in their respective technique, began the process of instructing and testing the clinic faculty. The academic instructors in each respective technique acted as the facilitators on the academic side, reviewed the material, and tested the academic faculty involved.

It is expected that within a month's time of the writing of this paper, all faculty involved in the teaching and instruction of chiropractic technique and analysis will have become certified in at least two techniques. This process of certification has resulted in an increased understanding on the part of the academic and clinic faculty relative to the chiropractic techniques and analyses that are taught at the institution. As a result of this process, there is an increase in agreement between what is taught to the student on the academic side and what is expected by the faculty instructors in the outpatient clinics. The certification process has improved the expertise of the academic and clinical instructors relative to technique and analysis protocol and it is felt that patient care has improved as a result of this process.

## DISCUSSION

While each step of the process was not rigidly adhered to, it had been agreed prior to implementation that this would be an evolving process and that

none of the stakeholders could adequately predict how the final process would unfold. In an effort to make the process less cumbersome to the faculty involved, a less rigid structure evolved in order to certify the initial facilitators which led to a less rigid structure for certifying the rest of the faculty. A process similar to what is used in CPR training by the Red Cross seemed to develop out of necessity due to time constraints, scheduling problems, and a myriad of other purely administrative issues that would have made the process daunting.

The need for a process of standardization and certification in technique and analysis was perceived by our institutional administration. This need was discussed with all stakeholders involved, including the Executive Office, administrative faculty including deans and department heads, content area specialists, and academic and clinic faculty.

Discussions ensued as to the most efficacious way to proceed with such an endeavor so that the process would be fair and at the same time achieve its stated goals of increased knowledge, standardization within the institution, and eventually standardization in the field. As this is an evolving process, we expect that additional changes will be made in order to improve the process for all involved. This could be done by holding formal group and individual discussions once all faculty have completed the process. They could discuss how they felt about the process, changes they would like to see, and definite or potential problem areas.

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