

# The International Chiropractic Education Collaboration

## Clinical and Professional Chiropractic Education: a Position and Implementation Statement

(Updated 22-12-2022)

*Whereas, the welfare of the patient is paramount; and*

*Whereas, chiropractic education should be of the highest quality and be founded on the principles of evidence-based care<sup>1</sup>; and*

*Whereas, curricula should be responsive to changing patient, societal and community needs and expectations within a modern health care system;*

*Whereas, the chiropractic education should be able to demonstrate identifiable outcomes which are linked to the Position on Implementation;*

*we, the undersigned chiropractic educational institutions, state as follows:*

Position on Chiropractic Education	Position on Implementation
<ol style="list-style-type: none"><li>1. Chiropractic education and training must acknowledge the biopsychosocial model of health care and be underpinned by biologically plausible theories and peer-reviewed research. It should embrace the value of clinical experience, shared decision-making and a patient-centered approach to care.</li></ol>	<ul style="list-style-type: none"><li>• The content of chiropractic education is founded on biologically plausible theories and research.</li><li>• Evidence-based practice according to Sackett et al.<sup>1</sup> should be identifiable and embedded in appropriate curriculum content.</li><li>• The biopsychosocial model underpins clinical training and is identifiable and embedded in appropriate curriculum content.</li></ul> <p>Teachings outside the above should either be removed as part of the core curriculum or alternatively be taught in a historical context.</p>

<sup>1</sup> Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996;312(7023):71-2.

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2. Upon graduation, chiropractic students should be equipped to work effectively and collaboratively to deliver improved quality of life outcomes for patients with musculoskeletal disorders. This will, of necessity, incorporate:
- a) An evidence-based approach to the case history, physical examination, diagnostic imaging, diagnosis, report of findings and management plan that may include a range of clinical interventions
  - b) Effective communication in a language that is clearly understood by all stakeholders in healthcare, thereby facilitating interprofessional practice and promoting effective collaboration between health care teams
  - c) Knowledge of preventative measures including but not limited to musculoskeletal care, encompassing wider public health and health promotion initiatives

The curriculum must clearly identify opportunities for students to demonstrate:

- Understanding their responsibility to put the health interests of their patients first.
- Being able to identify the health needs of patients using appropriate enquiry and assessment.
- Having a thorough and detailed knowledge of musculoskeletal disorders and pain syndromes, and other pathologies that may mimic them or co-exist with them.
- Being competent to understand and critically appraise scientific and clinical evidence to inform clinical practice.
- Understanding clinical practice guidelines and the challenges of implementing them
- Understanding and being able to apply evidence-based care by incorporating the best available evidence from research, their own clinical experience, and the preferences of the patient.
- Offering patient-centred care by engaging, enabling, and supporting patients in an objective based plan of management
- Understanding the actions, complications, and side-effects of commonly used medications in musculoskeletal conditions.
- Understanding key concepts surrounding good nutritional advice.
- Having a basic understanding of musculoskeletal conditions in distinct populations such as older adults, athletes, pregnant patients, and children
- Playing an active role in promoting disease prevention supporting national public health initiatives at a local level

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- Being competent in recognising and applying appropriate procedures in an emergency situation.
  - Understanding the importance of working within the limits of their skills and competencies.
  - Participating in interdisciplinary collaboration.
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3. Wherever possible, chiropractic educational programs should form or develop affiliations with established public and private universities preferably within a medical or health science faculty. Such links may develop opportunities for interprofessional education and collaborative practice.

The curriculum must clearly identify opportunities for students to demonstrate:

- Training in collaborative clinical practice.
  - A working knowledge of both primary and secondary care and the and engage in a multidisciplinary setting.
  - Knowledge concerning the structure and processes involved in national health systems where they impact interdisciplinary communication and care approaches
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4. Chiropractic educational institutions should support their faculties in the provision of innovative models for the development of knowledge, learning and skills. These should focus on facilitating scholarly activity including research, interprofessional education and teaching within the context of emerging health care models.

Chiropractic faculty should have clearly identifiable opportunities to upgrade their:

- Qualifications in paedagogical teaching skills.
  - Qualifications with contemporary evidence-based trends in the area of musculoskeletal medicine and other relevant areas as defined in statement 2.
  - Research skills and research career opportunities (eg. Academic staff should be encouraged to register in a Prof Doctorate/ PhD programme)
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5. The teaching of vertebral subluxation complex as a vitalistic<sup>2</sup> construct that claims that it is the cause of disease is unsupported by evidence. Its inclusion in a modern chiropractic curriculum in anything other than an historical context is therefore inappropriate and unnecessary.

The curriculum must clearly identify opportunities for students to demonstrate:

- An evidence-based approach to a wide range of manual clinical interventions.
- An understanding of the therapeutic encounter as a 'package of care' when articulating the active components of chiropractic management.
- An understanding of the best evidence available regarding the nature and clinical effects of spinal manipulative therapy.

Teaching of non-evidence-based theoretical explanatory models underpinning the manual clinical interventions should be removed from the curriculum or be taught in a historical context.

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6. Chiropractic education should reflect ethical practice and professional standards throughout the curriculum. Upon graduation, students must understand their responsibilities to their patients, their communities and to the profession.

The curriculum must clearly identify opportunities for students to demonstrate:

- Evidence-based patient-centred ethical practice which adheres to current clinical guidelines and aligning to professional values.

Teachings outside the above should either be removed as part of the core curriculum or alternatively be taught in a historical context.

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<sup>2</sup> Specifically the form of vitalism as distinct from holism that proclaims 'If the specific vertebral subluxation is correctly adjusted, interference is released, pressure is eliminated, carrying capacity restored to normal, tissue cell is re-established, and life and health begin to regrow back to normal. All this is directed, controlled, and performed by INNATE INTELLIGENCE' (Ref: BJP Fame and Fortune Vol. XXXIII)

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7. Practice styles<sup>3</sup>, which may contribute to inappropriate patient dependence, compromise patient confidentiality or require repeated exposure to ionising radiation are not part of an undergraduate chiropractic curriculum. Students should be taught to recognise that such approaches are not acceptable in terms of the best interests of patients or the chiropractic profession.

The curriculum must clearly identify opportunities for students to demonstrate:

- Evidence-based and patient-centred musculoskeletal management plans which adhere to current best practice clinical guidelines.
- A clinical guideline aligned approach to radiology and radiography which focuses on clinical justified, appropriate referrals and report interpretation.

Teachings outside the above should either be removed as part of the core curriculum or alternatively be taught in a historical context.

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8. Immunization. The chiropractic programs below support the World Health Organization 'WHO's vision and mission in immunization and vaccines - 2015-2030'<sup>4</sup>.

The curriculum must clearly identify opportunities for students to demonstrate:

- An understanding of current public health and health promotion initiatives according to the recommendations of WHO, national and local government initiatives.

Teachings outside the above should either be removed as part of the current curriculum or alternatively be taught in a historical context.

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<sup>3</sup> Practice styles refers to routine 'high volume' chiropractic care models, 'open plan' chiropractic care models and the delivery of unsubstantiated 'treatment packages' or clinical techniques.

<sup>4</sup> 'WHO's vision and mission in immunization and vaccines - 2015-2030'

[http://www.who.int/immunization/documents/general/WHO\\_Mission\\_Vision\\_Immunization\\_Vaccines\\_2015\\_2030.pdf?ua=1](http://www.who.int/immunization/documents/general/WHO_Mission_Vision_Immunization_Vaccines_2015_2030.pdf?ua=1) Accessed April 12, 2017.

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On behalf of the following chiropractic educational institutions:



School of Chiropractic,  
AECC University College



The Welsh Institute of Chiropractic,  
University of South Wales



The Education of Clinical Biomechanics,  
University of Southern Denmark



University of  
Zurich<sup>UZH</sup>

Chiropractic Medicine,  
University of Zürich



Department of Chiropractic  
and Somatology,  
Durban University of Technology



Institut Franco-Européen de Chiropraxie



Department of Chiropractic,  
University of Johannesburg



Department of Chiropractic, Macquarie  
University



Chiropractic Division,  
International Medical University,  
School of Health Sciences



Discipline of Chiropractic,  
Murdoch University



School of Chiropractic,  
University of Bridgeport,  
College of Health Sciences



Madrid College of Chiropractic,  
RCU Escorial Maria Cristina,

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Canadian Memorial Chiropractic College



School of Health and Social Care,  
London South Bank University



College of Chiropractic Medicine,  
Keiser University – West Palm Beach



Universidad  
Central

Facultad de Ciencias  
de la Salud

Chiropractic Program, Faculty of Health  
Sciences, Universidad Central de Chile



Université du Québec  
à Trois-Rivières

Département de chiropratique,  
Université du Québec à Trois-Rivières

The education statement is adopted by the following student unions:



Student Union for the Nordic  
Chiropractic Students,  
University of Southern Denmark



Association des Étudiants au Doctorat en  
Chiropratique, Université du Québec à  
Trois-Rivières

*This document is based upon and supports the theme of the World Federation of Chiropractic Educational Statement formulated in November 2014 at the Miami Education Conference.*