

The Path to Change in the US Healthcare System: The Chiropractic Perspective



Joint policy statement on national healthcare reform presented by a united
chiropractic profession

American Chiropractic Association
Association of Chiropractic Colleges
Congress of Chiropractic State Associations
International Chiropractors Association

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Executive Summary

The leadership of the chiropractic profession is united in its belief that effective national health care reform will only achieve maximum benefit for the American people when coupled with a broad transformational paradigm shift to a forward thinking and progressive health system that focuses upon comprehensive wellness care, healthful lifestyle choices and disease prevention. We believe that such reform is urgent in the face of the looming provider shortage and the unprecedented demands our aging population will place on the system.

Decision makers should seek to affirm and expand patient freedoms to allow for full direct access to the providers and health care pathways of their choice. Every patient should have the right to choose and be reimbursed for all health care services from doctors of chiropractic without barriers and limitations that unfairly restrict their freedom of choice. Arbitrary anti-competitive barriers only serve to drive up costs, limit patient choice and erode the quality and timeliness of care by steering patients to more expensive hospital, surgical and pharmaceutical care.

In a properly reoriented health delivery system – one that places an appropriate emphasis on wellness and preventive care – chiropractic care would rightly be viewed as an essential element of any health plan seeking to provide an adequate range of basic health care services.

The chiropractic profession recommends that this new system include three pillars vital to the health reform movement. The essential services provided by a doctor of chiropractic address these three pillars:

- **ACCESS:** Extend health care access to the estimated 45 million uninsured Americans that currently have little or no reliable access to comprehensive health care services. America has over 65,000 doctors of chiropractic, who are providers of cost effective health care for patients of all ages, with all its broad-body implications for health. Research clearly demonstrates that procedures utilized by doctors of chiropractic are effective and supports chiropractic's maximum utilization in addressing the nation's current health care crisis.
- **COST:** Reduce the current high cost of health care services and health care insurance coverage. Limit future cost increases to rates that more closely match the overall inflation rate of the nation's economy by reducing errors, encouraging the utilization of cost effective care pathways, enhancing patient choices, stressing patient responsibility for health and prevention and other urgent changes. Scientific evidence

powerfully supports the safety, effectiveness and cost savings of chiropractic care. Chiropractic care is especially important in improving function, joint mobility and quality of life for beneficiaries through the use of conservative methods which reduce reliance on expensive drugs and surgery.

- **QUALITY:** Significantly improve the quality and effectiveness of health care services being delivered now and in the future. Doctors of chiropractic are especially well qualified to play an integral role in the needed shift to a health delivery system that is appropriately focused on essential evidence-based wellness care and disease prevention services.

Table 1.¹



On behalf of a united chiropractic profession, this paper is offered as a means to substantively contribute to the national healthcare reform debate, to help foster timely action on key health reform principles, and to offer a new perspective on how a system in crisis can be redesigned into one that works, in which the public has confidence and which the nation and its citizens can afford.

¹ *Dynamic Chiropractic*, VOLUME 27, NUMBER 11, May 6, 2009.

I. Introduction

Providing better access and enhanced quality of care for patients in our health care delivery system requires rethinking our current approach. With looming provider shortages and rising costs the present system offers too many roadblocks and detours for a sustainable delivery of care. In the process of reform, the chiropractic profession is an eager partner, dedicated to new policies and approaches that put quality of care, timeliness of care, patient rights and freedoms, cost effectiveness, integrity and patient safety at the top of the priority list.

In the past several decades the role and nature of the nation's corps of health care providers have changed dramatically. The family medical doctor making house calls is a memory found only in history books. Patients have, out of necessity, accessed a widening array of health care providers, often in new and significant roles. Yesterday's nurses, for example, are quite different than today's nurses in training and scope, with those professionals now assuming a major primary care function. A positive approach to reform involves recognizing the importance of enhancing patients' choices today. Patients must be empowered to obtain direct access to all types of providers and this more open and realistic approach to the delivery of health care offers a new way of significantly expanding better access to care for more people.

Chiropractic care is one of those choices widely made by patients. It has a record of safe and effective conservative care and has been shown to be cost effective. Patients of all ages consult doctors of chiropractic in their primary role as direct access, portal of entry licensed health care providers. Doctors of chiropractic practice an approach that includes the full range of standard case-management behaviors including extensive diagnostic responsibilities, technologies and skills, without the use of drugs or surgery. Doctors of chiropractic are trained and authorized to examine, evaluate and diagnose the patient, and either accept the patient for care, or refer the patient to another appropriate healthcare care professional.

The Doctor of Chiropractic degree is a first professional degree recognized by the US Department of Education (USDE) and graduates of accredited chiropractic programs have and continue to have a positive impact on patient

care. The profession's accrediting agency, the Council on Chiropractic Education, is recognized by USDE as are the other licensed health care professions' accrediting bodies.

The chiropractic profession recognizes the difficulties inherent in the kind of major paradigm shift that must take place to stave off catastrophe in health care. Such action can and should be centered on a fundamental paradigm shift, away from end-stage, high-cost sick care intervention, based on hospital-based treatments and surgery and increasingly expensive drugs and technology, towards a model predominantly focused on prevention and wellness promotion, making maximum use of the kind of procedures and methodologies already underway through the U.S. Preventive Services Task Force (USPSTF).² This urgently needed shift will need to cut across many of the basic assumptions about health services, funding, administration, access and what is and is not essential care.

Meaningful solutions must comprehensively address the critical shortcomings of the current system. It is equally vital that every stakeholder, from providers to patients to policy makers, recognize that they will need to assume new responsibility and rise up to a profound new level of accountability.

Chiropractic: Addressing the Looming Provider Shortage

Demand for all recognized health care services, including chiropractic, continues to rise, both for standard medical care, and for alternative approaches to health and healing, driven by a host of factors the most significant of which is the nation's aging population. The provider time and financial resources demanded by aging patients increases with the age and condition of the patient, culminating in the all too familiar utilization and expenditure bulge in the last few weeks of life. At the same time, the pool of available health care professionals has remained constant, while the numbers of patients and demand for services has rapidly

² U.S. Preventive Services Task Force (USPSTF), US Department of Health and Human Services, <http://www.ahrq.gov/CLINIC/uspstfix.htm>.

grown. The net result is a sudden realization that the nation is facing a real provider shortage that will only worsen in the coming years.

On February 12, 2008 the Government Accountability Office (GAO) testified before the Senate Committee on Health Education Labor & Pensions stating: "Over a 50 year period, government and industry groups' projections of physician shortfalls gave way to projections of surpluses, and now the pendulum has swung back to short falls again".³ Additionally, the Council on Graduate Medical Education's report Of January 2005 projects a "likely shortage of physicians in coming years."⁴

On April 14, 2008, the Institutes of Medicine (IOM) issued its long-anticipated report on the state of the nation's health care labor force. Entitled, *Retooling for an Aging America: Building the Health Care Workforce*,⁵ this 312-page study paints a bleak picture from the patients' point of view. The blunt findings are simple; projected numbers of trained healthcare professionals will fall far short of the minimum needs.

"We face an impending crisis as the growing number of older patients, who are living longer with more complex health needs, increasingly outpaces the number of health care providers with the knowledge and skills to care for them capably," said committee chair John W. Rowe, Professor of Health Policy and Management, Mailman School of Public Health, Columbia University, New York City.⁶ "The sheer number of older patients in the coming years will require trying new models for delivering health care and the commitment of greater financial resources," he added. "If our aging family members and friends are to live as robustly as they can and in the best health possible, we must have a work force of adequate size and competency to take care of them."⁷

³ Report to US Senate Committee on Health, Education, Labor & Pensions Committee, Government Accountability Office, February 12, 2008, GAO-08-472T, page 12.

⁴ *Physician Workforce Policy Guidelines for the United States, 2000-2020*, Council on Graduate Medical Education, Sixteenth Report, January 2005, US Department of Health and Human Services, Health Resources Administration, Washington, DC.

⁵ *Retooling for an Aging America: Building the Health Care Workforce*, National Academies of Science Press, Washington, DC, 2008.

⁶ National Academy of Sciences, Washington, DC, news release of April 14, 2008.

⁷ *Retooling for an Aging America: Building the Health Care Workforce*.

The IOM study also confirmed that workforce distribution in the American health care system has been slowly shifting from primary care providers to specialists for decades. It is this strain on the available pool of primary care providers that severely threatens the kind of paradigm shift so essential for effective health care reform.

The solution entails more than simply producing more doctors; it requires educating primary care medical physicians and other care givers in new collaborative ways and includes the establishment of public policies that broaden beneficiaries' awareness of and options regarding care pathways. Better utilization of licensed health care providers such as doctors of chiropractic, who have the education, training and skills to help take the load off of the hard-pressed primary care system in several critical demand areas, is essential.

A compelling example of the value and utility for such heightened access to and utilization of doctors of chiropractic is in the area of patients with neuro-musculoskeletal conditions including back problems and pain.

Lower back pain (LBP), according to a May, 2009 article in the *American Journal of Lifestyle Medicine*⁸ is considered the most prevalent pain complaint affecting the general population, with a reported lifetime prevalence of up to 75 percent. A growing array of studies document that lower back pain is one of the most common conditions for which individuals seek professional care. Articles published in 1995⁹ and 1996¹⁰ in the journal *Spine* estimated that between 40 percent and 85 percent of people with LBP have consulted health care professionals about their pain. As the sixth most expensive health condition in America, according to an article in *The Journal of the American Medical Association* (JAMA), the cost of spine pain alone was \$86 billion in 2005, an increase of 65 percent since 1997.¹¹

⁸ "Implications for Physical Activity in the Population with Low Back Pain," *American Journal of Lifestyle Medicine*, May 11, 2009.

⁹ Carey TS, Evans A, Hadler N, Kalsbeek W, McLaughlin C, Fryer J., "Care-seeking among individuals with chronic low back pain," *Spine* 1995; 20: 312-317.

¹⁰ Carey TS, Evans AT, Hadler NM, Lieberman G, Kalsbeek WD, Jackman AM, et al. "Acute severe low back pain. A population-based study of prevalence and care-seeking," *Spine* 1996; 21: 339-344.

¹¹ Brook I. Martin, MPH; Richard A. Deyo, MD, MPH; Sohail K. Mirza, MD, MPH; Judith A. Turner, PhD; Bryan A. Comstock, MS; William Hollingworth, PhD; Sean D. Sullivan, PhD,

Given the high economic costs of this one category of conditions alone, and its direct impact on the nation's work force efficiency as well as its significant time consumption impact on the primary care physician, it is important that policy makers look to reduce those societal costs in money and time. This can be accomplished, in a new health care paradigm, with policies that allow a collaborative redistribution of this case load to a professional with the training, expertise and the authority to provide cost-effective quality care. Doctors of chiropractic are trained both to care for the acute symptomatic phase of such conditions, and also in proper patient education on prevention and appropriate physical activity, that will allow an early return to work and a reduction in the statistical likelihood of a recurrence of symptoms within a year of initial onset.

Related to issues of quantity of providers is the rapidly growing trend in many professions of not accepting Medicare beneficiaries as patients. As far back as 2004, this trend was visible and it has accelerated with increasing intensity. In a 2004 hearing before the Congressional Joint Economic Committee a spokesman for the Association of American Physicians and Surgeons (AAPS) told Members of Congress that their recent member surveys showed that 33 percent do not accept new Medicare patients and upwards of 40 percent restrict services to all Medicare patients, citing the costs and complications of processing Medicare claims and dealing with Medicare administrators' demands.¹²

In the face of mounting concern about a Medicare program with fewer and fewer providers participating, the Government Accountability Office (GAO) was commissioned by Congress to conduct a study of the impact of Medicare fee cuts on the availability of care, and on the numbers of physicians and other providers withdrawing from the program. The government's conclusions, after a review of Medicare data from 2000 to 2005, were that less than four percent of physicians responding indicated that they were not accepting any new Medicare patients as a result of the 5.4 percent fee reduction in 2002 and the difficulties faced over those same issues in ensuing years. The report also found that only seven percent of Medicare beneficiaries had any "major access" problems in finding providers that would accept them.

"Expenditures and Health Status Among Adults With Back and Neck Problems," *Journal of the American Medical Association (JAMA)* 2008;299(6):656-664.

¹² Association of American Physicians and Surgeons (AAPS), Doctors Tell Congress: "The Doctor is In, Even If Insurance Is Out" Joint Economic Committee Hearing, April 28, 2004, Washington, DC.

The American Medical Association (AMA) came to radically different conclusions based on data collected in a massive provider survey. They set the “refusal to accept Medicare patients” rate at a total of 45 percent of all MDs. According to the AMA news release, “In a recent AMA survey of 8,955 physicians, 60 percent reported that they would have to limit the number of new Medicare patients they treat due to next year’s cut.”¹³

The US Department of Labor predicts that the ratio of skilled or semi-skilled healthcare workers, including physicians, needed at the top end of the senior population which is estimated to reach more than 80 million, is one worker for every 1.7 seniors. In other words, in order to deliver optimal care, 40 million people will need to be involved in caring for the nation’s aging population alone, a ratio and figure that everyone believes is simply impossible to mobilize and fund.

In the face of this impending health professional shortage, doctors of chiropractic are qualified, present, available, and willing to help fill the workforce gap not only system-wide, but also in Medicare where large numbers of other providers are declining to participate and where the shortage will perhaps be most acutely felt. An expanding role for chiropractic will also help change the nation’s understanding of the importance of an holistic approach to health and healing, and foster the acceptance of a necessary new health care paradigm.

¹³ American Medical Association, ADVOCACY UPDATE, August 20, 2008.

Table 2. Active Chiropractic Licenses in the US

| | | | |
|----------------------|--------|----------------|---------------|
| Alabama | 426 | Montana | 234 |
| Alaska | 162 | Nebraska | 303 |
| Arizona | 1,718 | Nevada | 454 |
| Arkansas | 422 | New Hampshire | 303 |
| California | 10,606 | New Jersey | 2,410 |
| Colorado | 1,112 | New Mexico | 467 |
| Connecticut | 922 | New York | 4,006 |
| Delaware | 154 | North Carolina | 1,071 |
| District of Columbia | 41 | North Dakota | 150 |
| Florida | 4,023 | Ohio | 1,997 |
| Georgia | 2,746 | Oklahoma | 577 |
| Hawaii | 224 | Oregon | 1,316 |
| Idaho | 391 | Pennsylvania | 3,582 |
| Illinois | 2,257 | Rhode Island | 143 |
| Indiana | 797 | South Carolina | 1,025 |
| Iowa | 1,412 | South Dakota | 222 |
| Kansas | 941 | Tennessee | 610 |
| Kentucky | 860 | Texas | 4,355 |
| Louisiana | 540 | Utah | 404 |
| Maine | 280 | Vermont | 194 |
| Maryland | 716 | Virginia | 975 |
| Massachusetts | 1,230 | Washington | 1,836 |
| Michigan | 2,084 | West Virginia | 177 |
| Minnesota | 1,730 | Wisconsin | 1,721 |
| Mississippi | 258 | Wyoming | 90 |
| Missouri | 1,792 | TOTAL | 66,466 |

Source: Science and Practice of Chiropractic in the United States, Foundation for the Advancement of Chiropractic Tenets and Science, (FACTS) Arlington, VA; 2009 (compiled from individual state chiropractic board licensee data, 2009.)

Chiropractic: An Active, Positive Agent for Substantive Reform

The nation urgently needs genuine health care reform, reform that reshapes the current failing paradigm, redirecting the focus and efforts of the entire system in a new, evidence-based, prevention and wellness-promotion direction. The controversy inherent in such shifts, the predictable opposition from a deeply entrenched medical and pharmaceutical establishment, and the need for creative thinking and fundamentally new policies, as daunting as they may be, are nothing compared to the consequences of a system in complete and utter collapse. That is the inevitable consequence of inaction.

In the process of genuine reform, the chiropractic profession is determined to be an active, positive agent, fighting for substantive reform on behalf of the tens of millions of patients of all ages seen annually by doctors of chiropractic, and on behalf of a system that must truly work for all. Nothing less than a major paradigm shift will prevent a bigger, more expensive failure.

Effective health care reform should address the following concepts:

1. **Prevention and Wellness:** A reformed national healthcare system must embody all possible ways and means to prevent illness and promote wellness and injury prevention.
2. **Patient Participation:** Individuals and families must be mobilized, and both challenged and empowered to play a new and serious quality control function in health care delivery, prevention, healthy lifestyle choices and sound, informed health care decision-making.
3. **Competition and Patient Choice:** Reform must embrace a new emphasis on competition, patient choice and cost-effectiveness. Decision makers should seek to affirm and expand patient freedoms to allow for full direct access to the providers and health care pathways of their choice. Arbitrary anti-competitive barriers, such as those that have historically limited patient access to doctors of chiropractic and other care pathways, only serve to drive up costs, limit patient choice and erode the quality and timeliness of care by steering patients to more expensive hospital, surgical and pharmaceutical care.
4. **Education:** New information and educational efforts, patient choice and maximum disclosure on safety and effectiveness of providers, procedures, care pathways and institutions must characterize a reformed health care system.
5. **Evidence-Based, Patient-Centered Care:** Best practices initiatives should be encouraged, but with the understanding that each patient is not only different but also unique; conclusions about a specific patient's needs cannot be abstracted from aggregate information about a condition, procedure or healing approach. Decisions about the best course of care for each patient should remain in the hands of the patient's health care team.
6. **Integration and Coordination of Care:** Public policies should reward and encourage maximum cooperation and coordination between

healthcare professionals and institutions in the best interests of timely, optimal patient care.

7. Systematic EMR Implementation: A system-wide implementation of electronic medical records (EMR) systems must be fostered and promoted in a patient-centered, flexible and user-friendly format that is as efficient and user-friendly to the private practitioner as to the major hospital or institution. Such systems should predominantly focus on patient care, not business outcomes.
8. Safety and Accountability: There must be a profound new commitment to patient safety and to both provider and patient accountability. Providers must be challenged to reduce the errors that currently cost the system upwards of 17 percent of total expenditures.^{14 15 16} Public policies being pioneered by Medicare to refuse to pay for medical accidents, the so-called “never events” must be expanded and extended to all public health care funding and delivery programs.¹⁷

Clear distinctions must be made in any national reform plan between parameters of reimbursement, which must out of financial necessity be limited, and clinical necessity based on the unique needs of the patient, best clinical practices and the judgment of the attending provider. It is essential that program language in this area be forthright and not attempt to obscure program limitations. Beneficiaries are entitled to know where coverage and program payment are likely to end and personal responsibility might begin, to allow for personal financial planning. When individuals and families are given clear messages about their personal responsibilities for payment, such straightforward information will also press home the vital importance of personal responsibility for health.

The chiropractic profession is no stranger to difficult tasks in the face of a deeply entrenched status quo. Lessons learned from this experience have given the

¹⁴ Starfield B. Is US health really the best in the world? *Journal of the American Medical Association* (JAMA) 2000 Jul 26;284(4):483-5.

¹⁵ Starfield B. Deficiencies in US medical care. *JAMA*. 2000 Nov 1;284(17):2184-5.

¹⁶ Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors; Committee on Quality of Health Care in America, Institute of Medicine (2000). *To Err is Human*. Washington, DC: National Academy Press.

¹⁷“ELIMINATING SERIOUS, PREVENTABLE, AND COSTLY MEDICAL ERRORS - NEVER EVENTS” CMS Office of Public Affairs, US Department of Health and Human Services, May 16, 2006.

profession perspective and valuable insights on how and why major change can and should be implemented in the nation's health care system. As well, chiropractic's experience offers valuable insight into the direction in which that change should be reoriented, in order to secure the greatest public and individual good.

II. Chiropractic: A Unique and Effective Approach to Health

Chiropractic, originally developed in the US in the late 19th century, is now established in more than 90 nations worldwide. Doctors of chiropractic (DCs) are trained and authorized to serve as direct access, primary contact providers to patients of all ages. Doctors of Chiropractic, by statute and choice, practice an approach that includes the full range of standard case-management behaviors including the application of broad diagnostic responsibilities and skills.

*“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 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.”*¹⁸

Surveys have found that chiropractic care is used overwhelmingly by patients with pain and functional complaints related to joints, muscles, nerves and other somatic tissues; however a significant number of patients also use chiropractic care to enhance their well-being and quality of life.¹⁹ Back and spine related disorders, among the most common and expensive conditions in the United States are key health issues which doctors of chiropractic are routinely called upon to address by consumers.²⁰

¹⁸ *Journal of Chiropractic Education*, Vol. 15, No. 2, 2001.

¹⁹ Meeker, W, Haldeman, H, “Chiropractic: A profession at the crossroads of mainstream and alternative medicine,” *Annals of Internal Medicine* 2002, Vol. 136, No 3.

²⁰ *Acute Low Back problems in Adults*, Agency for Health Care Policy and Research, (AHCPR Publication No. 95-0642, US Department of Health and Human Services.

A fundamental principle of chiropractic is that functional and structural abnormalities and misalignments, defined as 'subluxations' in chiropractic, can negatively influence the function of the nervous system and its regulation of health and create negative health consequences. Chiropractic works on the basis of clinical interventions to remove such barriers to the body's natural innate healing ability.

The Association of Chiropractic Colleges defines subluxation as "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."²¹

Doctors of chiropractic in the United States receive over 190 million patient visits annually, providing care to an estimated 7-10 percent of the population. This compares favorably with the approximately 380 million visits made to primary medical care providers.²² Doctors of chiropractic are largely concentrated in urban areas, following the general distribution of the population, but have wide geographical distribution in communities of all sizes. Some serve as the only primary health care providers in rural medically-underserved areas. The chiropractic profession also employs more than 200,000 technicians, assistants and clerical personnel.

In today's increasingly complex health care environment, where the need for new direction is so vital, chiropractic:

- Provides the ability to improve function in the neuro-musculoskeletal system, as well as overall health, wellbeing and quality of life.
- Offers a specialized approach to examination, diagnosis and patient care, based on best available research and clinical evidence with particular emphasis on the relationship between the spine and the nervous system.

²¹ *Journal of Chiropractic Education*, 2001.

²² Eisenberg, D.M., R.B. Davis, S.L. Ettner, et al. 1998. Trends in alternative medicine use in the United States, 1990-1997: Results of a follow-up national survey. *Journal of the American Medical Association* 280(18):1569-75.

- Utilizes when necessary and appropriate the latest technology in diagnostic studies including diagnostic imaging, neurological testing, diagnostic instrumentation and laboratory testing.
- Is supported by a well-documented record of clinical effectiveness and patient satisfaction.
- Addresses common and debilitating issues without use of drugs and surgery, enabling patients to avoid these where possible.
- Offers patients of all ages a patient-centered approach, emphasizing the self-healing powers of the individual and personal responsibility for health and encouraging patient independence.

Doctors of chiropractic [DCs] are expertly qualified providers of spinal and extremity adjustment, manipulation and other manual procedures, exercise instruction, nutritional counseling, therapeutic modalities, and patient education for disease prevention and health promotion. They work in growing collaboration with other health professionals in a variety of integrated and multi-disciplinary settings and encourage patients to take an active role in restoring and maintaining health, with doctor-guided self-care through exercise and nutrition.

“As a profession that over the past generation has made great strides into the American health care mainstream—with widespread utilization and patient satisfaction; a strong research base; inclusion in most private insurance plans, worker’s compensation insurance, Medicare, military, and veterans health care; and full recognition in Olympic and sports medicine—chiropractic now has the hallmarks of an essential health service.”²³

As an effective resource for spine-related disorders, and as a model for expanding prevention and wellness services, chiropractic deserves to be fully embraced as an essential element in a reformed health care system.

²³ Redwood, Daniel, DC, "The Health Reform Moment: Peril and Possibility in the Obama Era," *The Journal of Alternative and Complimentary Medicine*, Volume 15, Number 2, 2009.

III. Chiropractic Care is Clinically Appropriate and Cost-Effective

The growing research record on the clinical efficacy, safety and cost-effectiveness of chiropractic is perhaps the single most compelling element to be considered in the effort to widen routine patient access to chiropractic services in both public and private healthcare programs. As far back as 1992, researchers at Virginia universities found that the clinical and cost-effectiveness of chiropractic was well documented. Those scholars examined 22 studies and one inquiry (involving 14 states and two foreign countries), and concluded:

"By every test of cost and effectiveness, the general weight of evidence shows chiropractic to provide important therapeutic benefits at economical costs. Additionally, these benefits are achieved with apparently minimal, even negligible impacts on the costs of health insurance. The conclusion of this analysis is that chiropractic mandates help make available health care that is widely used by the American public and has proven to be cost effective."²⁴

In study after study, clinical and cost-effectiveness data on chiropractic continues to accumulate. The following examples represent just a sample of those findings.

- A. A chronic pain study at the University of Washington School of Medicine compared which treatments were most effective at reducing pain for neuromuscular diseases and found that chiropractic scored the highest pain relief rating (7.33 out of 10), scoring higher than the relief provided by either nerve blocks (6.75) or opioid analgesics (6.37).²⁵
- B. A 2007 retrospective analysis of 70,274 member-months in a 7-year period within an independent physicians association (IPA), comparing medical management to chiropractic management, demonstrated decreases of 60.2% in-hospital admissions, 59.0% hospital days, 62.0% outpatient surgeries and procedures, and 83% pharmaceutical costs when compared with conventional medicine IPA performance. This clearly demonstrates that chiropractic non-surgical non-pharmaceutical approaches generate reductions in both clinical and cost utilization when compared with PCPs using conventional medicine alone.²⁶

²⁴ Schifrin, L.G. Mandated Health Insurance Coverage for Chiropractic Treatment: An Economic Assessment, with Implications for the Commonwealth of Virginia. The College of William and Mary, Williamsburg, Virginia, and Medical College of Virginia, Richmond, Virginia, 1992.

²⁵ Jensen MP, Abresch RT, Carter GT, McDonald CM, *Arch Phys Med Rehabil* 2005 (Jun); 86 (6): 1155–1163, Department of Rehabilitation Medicine, University of Washington School of Medicine, Seattle, WA.

²⁶ Sarnat RL, Winterstein J, Cambron JA., Clinical Utilization and Cost Outcomes from an Integrative Medicine Independent Physician Association: An Additional 3-year Update, *Journal of Manipulative Physiological Therapeutics*, 2007 (May); 30 (4): 263–269.

- C. A major 4-year retrospective study of 700,000 health plan members revealed that offering chiropractic services within a managed-care environment could save insurers 27% in back pain episode-related costs! The authors concluded: "Access to managed chiropractic care may reduce overall health care expenditures through several effects, including (1) positive risk selection; (2) substitution of chiropractic for traditional medical care, particularly for spine conditions; (3) more conservative, less invasive treatment profiles; and (4) lower health service costs associated with managed chiropractic care." Systematic access to managed chiropractic care not only may prove to be clinically beneficial but also may reduce overall health care costs.²⁷
- D. In 1993 the province of Ontario, Canada hired the esteemed health care economist Pran Manga, PhD, to examine the benefits of chiropractic care for low back pain (LBP) and to make a set of recommendations on how to contain and reduce health care costs. His report, *A Study to Examine the Effectiveness and Cost-Effectiveness of Chiropractic Management of Low-Back Pain*, cited research demonstrating that: (1) chiropractic manipulation is safer than medical management for LBP; (2) that spinal manipulation is less safe and effective when performed by non-chiropractic professionals; (3) that there is an overwhelming body of evidence indicating that chiropractic management of low-back pain is more cost-effective than medical management; (4) and that there would be highly significant cost savings if more management of LBP was transferred from medical physicians to chiropractors. He also stated that "A very good case can be made for making chiropractors the gatekeepers for management of low-back pain in the Workers' Compensation System in Ontario."²⁸
- E. An analysis of claims data from a managed care health plan was performed to evaluate whether patients use chiropractic care as a substitution for medical care or in addition to medical care. Rates of neuromusculoskeletal complaints in 9 diagnostic categories were compared between groups with and without chiropractic coverage. For the 4-year study period, there were 3,129,752 insured member years in the groups with chiropractic coverage and 5,197,686 insured member years in the groups without chiropractic coverage. Expressed in terms of unique patients with neuromusculoskeletal complaints, the cohort with chiropractic coverage experienced a rate of 162.0 complaints per 1000 member years compared with 171.3 complaints in the cohort without chiropractic coverage. These results indicate that patients use chiropractic care as a direct substitution for medical care.²⁹
- F. Among employer groups with chiropractic coverage compared with those without such coverage, there is a significant reduction in the use of high-cost

²⁷ Legorreta, Antonio P.; Metz, R. Douglas; Nelson, Craig F.; Ray, Saurabh; Oster Chemicoff; Helen ; DiNubile, Nicholas A., Comparative Analysis of Individuals With and Without Chiropractic Coverage: Patient Characteristics, Utilization, and Costs, *Archives of Internal Medicine*, 2004 (Oct 11); 164 (18): 1985–1892.

²⁸ Manga, Pran, Ph.D. Angus, Douglas E. M.A., Papadopoulos, Costa, MHA, Swan, William, R, *A Study to Examine the Effectiveness and Cost-Effectiveness of Chiropractic Management of Low-Back Pain*, Ministry of Health, Government of Ontario, 1993.

²⁹ Metz, R Douglas DC; Nelson, Craig F. DC, MS; LaBrot, Thomas DC; Pelletier, Kenneth R. PhD, MD, "Chiropractic Care: Is It Substitution Care or Add-on Care in Corporate Medical Plans?" *Journal of Occupational & Environmental Medicine*, 46(8):847-855, August 2004.)

and invasive procedures for the treatment of low back pain and neck pain. The presumed mechanism of this effect is the substitution of chiropractic care for medical care for the treatment of back and neck pain. The resultant chiropractic care is far less likely to lead to the use of these invasive procedures.³⁰

- G. "In our randomized, controlled trial, we compared the effectiveness of manual therapy, physical therapy, and continued care by a general practitioner in patients with nonspecific neck pain. The success rate at seven weeks was twice as high for the manual therapy group (68.3 percent) as for the continued care group (general practitioner). Manual therapy scored better than physical therapy on all outcome measures. Patients receiving manual therapy had fewer absences from work than patients receiving physical therapy or continued care, and manual therapy and physical therapy each resulted in statistically significantly less analgesic use than continued care."³¹
- H. In a 2002 review of the cost and clinical effectiveness of chiropractic in low-back care, highly respected researchers found: "Out of 43 randomized trials of spinal manipulation for treatment of acute, subacute and chronic low-back pain published, 30 favored manipulation over the comparison of treatments in at least a subgroup of patients. In most of the randomized, controlled trials of manipulation for musculoskeletal pain, the positive effect sizes appear to be clinically and statistically significant."³²
- I. In a comparison study between doctors of chiropractic and medical practitioners in 2002, researchers found: "Patients with chronic low-back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56 percent vs. 13 percent) reported that their low-back pain was better or much better, whereas nearly one-third of medical patients reported their low-back pain was worse or much worse."³³
- J. The results of a 2003 British comparison study showed: The manual therapy group showed a faster improvement than the physiotherapy group and general practitioner group up to 26 weeks. Total costs of manual therapy were around one-third the costs of physiotherapy and general practitioner care. These differences were (statistically) significant. The cost effectiveness ratios and the cost utility ratios showed that manual therapy was less costly and more effective than physiotherapy or general practitioner care. Conclusion: "Manual therapy (spinal mobilization) is more effective and less costly for treating neck pain than physiotherapy or care by a general practitioner."³⁴

³⁰ Nelson CF, Metz RD, LaBrot T., Effects of a Managed Chiropractic Benefit on the Use of Specific Diagnostic and Therapeutic Procedures in the Treatment of Low Back and Neck Pain, *Journal of Manipulative Physiological Therapeutics*, 2005 (Oct); 28 (8): 564-569.

³¹ Hoving J, Koes B, De Vet H, Van Der Windt D, Assendelft W, Van Mameren H, Deville W, Pool J, Scholten R, Bouter L . Manual Therapy, Physical Therapy or Continued Care by a General Practitioner for Patients with Neck Pain. *Annals of Internal Medicine* 2002; 136: 713-7220.

³² Meeker, W, Haldeman, H.. "Chiropractic: A profession at the crossroads of mainstream and alternative medicine." *Annals of Internal Medicine*, 2002, Vol.136, No 3.

³³ Nyiendo J, Haas M, Goodwin P. Patient characteristics, practice activities, and one-month outcomes for chronic, recurrent low-back pain treated by chiropractors and family medicine physicians: a practice-based feasibility study. *Journal of Manipulative and Physiological Therapeutics* 2000; 23: 239-45.

³⁴ Korthals-de Bos I, Hoving J, Van Tulder M, Van Molken R, Ader H, De Vet H, Koes B, Vondeling, H, Bouter L. Primary Care - Cost Effectiveness of Physiotherapy, Manual Therapy

- K. Clinical studies have shown that chiropractic care may improve may improve symptoms of colic,³⁵ asthma,³⁶ and ear infections in children.³⁷ Chiropractic offers a drugless approach in a population where widespread over-utilization of antibiotics and other pharmaceuticals³⁸ has become a matter of grave concern throughout all healthcare disciplines.³⁹
- L. A detailed study from Muse and Associates in 2001 examined cost, utilization and effects of chiropractic services on Medicare costs. Service utilization and program payments for Medicare beneficiaries who were treated by doctors of chiropractic were compared with similar data for beneficiaries treated by other provider types. The results strongly indicated that chiropractic care significantly reduces per beneficiary costs to the Medicare program.⁴⁰

IV. Growing Consumer Demand for Chiropractic Care

Today, the popularity of chiropractic is at an all-time high. According to the National Board of Chiropractic Examiners (2005), chiropractic is the nation's third largest primary health care profession, surpassed in numbers only by practitioners of medicine and dentistry. There are approximately 65,000 active chiropractic licenses in the United States alone, with many more throughout the world. This represents a significant growth from the 23,000 practicing doctors of chiropractic identified in 1979 through a federally funded study of chiropractic supply, costs, education and utilization.⁴¹

Chiropractic has validated itself in perhaps the most demanding realm in national healthcare, the marketplace. For more than 100 years, chiropractic has

and General Practitioner Care for Neck Pain: Economic Evaluation Alongside a Randomized Controlled Trial. *British Medical Journal* 2003; 326: 911.

³⁵ Wilberg, JMM, Norsteen, J Nilsson, N. "The Short term Effects of Spinal Manipulation in the Treatment of Infantile Colic: A Randomized Controlled Clinical Trial with a Blinded Observer" *Journal of Manipulative and Physiologic Therapeutics* 199; 22(8) pp.517-521.

³⁶ Balon, JM et al. "A Comparison of Active and Simulated Chiropractic Manipulation as an Adjunctive Treatment for Childhood Asthma" *New England Journal of Medicine* 1998; 339: pp.1013-1020.

³⁷ Fallon, JM, "The Role of the Chiropractic Adjustment in the Care and Treatment of 332 Children with Otitis Media" *Journal of Clinical Chiropractic Pediatrics*, 1997; 2(2): pp.167-182.

³⁸ Takata, Glenn S. MD, Mason, Wilbert, MD, MPH, Taketomo, Carol, PharmD, Logsdon, Tina, MS, and Sharek, Paul J., MD, MPH, Development, Testing, and Findings of a Pediatric-Focused Trigger Tool to Identify Medication-Related Harm in US Children's Hospitals, *Pediatrics* 2008 (Apr); 121 (4): e927-935.

³⁹ Gutman, G. "Blocked Atlantal Nerve Syndrome in Infants and Small Children" *Manuelle Medizin* 1987; (Reprinted in *ICA International Review of Chiropractic*; 1990; July-August pp.37-42.

⁴⁰ Muse and Associates, *Utilization, Cost, and Effects of Chiropractic Care on Medicare Program Costs*. American Chiropractic Association. 2001.

⁴¹ *Chiropractic Health Care, Vol. 1, A National Study of Cost of Education, Service Utilization, Number of Practicing Doctors of Chiropractic and Other Key Policy Issues*, Foundation for the Advancement of Chiropractic Tenets and Science, (FACTS), Washington, DC, 2008.

flourished on the basis of patient demand, with patients willingly paying out-of-pocket for chiropractic services, often when medical services were available at no cost through private or public insurance programs. The ‘personality’ of chiropractic care leads to very strong doctor-patient relationships, which have been described in many studies noting high levels of patient satisfaction...Strong support by patients has probably contributed to chiropractic’s current position as the most widely utilized profession-based “CAM” (complementary and alternative medicine) practice in the U.S.⁴²

In today’s consumer driven health care environment, patient satisfaction is an increasingly important health outcome measure. Research in this vital area indicates that chiropractic care and management of low-back problems are often more successful than medical treatment, and patient satisfaction is generally higher. Doctors of chiropractic also routinely receive high marks from patients for their manner, skill, and explanation of treatment. Such findings serve as a logical motivator for the growing demand for and utilization of chiropractic services by patients of all ages.

A growing array of research findings continues to validate the embrace of chiropractic by patients of all ages for a wide range of conditions and needs.^{43 44}

^{45 46 47}

“Chiropractic is the largest, most regulated, and best recognized of the complementary and alternative medicine (CAM) professions, established to a degree that it may not even be correct to include chiropractic in this category. Patient surveys show, however, that chiropractors are used more often than any other alternative provider

⁴² Kreitzer, Mary Jo Ph.D., R.N., FAAN, Kligler, Benjamin M.D., M.P.H., Meeker, William C. D.C., M.P.H. Health Professions Education and Integrative Health Care, Commissioned for the IOM Summit on Integrative Medicine and the Health of the Public February, 2009.

⁴³ Coulter, I, Hurwitz, E, Adams, A, Genovese, B, Hays, R, Shekelle, P. Patients using chiropractors in North America: Who are they, and why are they in chiropractic care. *Spine* 2003; 27 (3): 291-296.

⁴⁴ Gemmell, HA, Hayes, BM. Patient satisfaction with chiropractic physicians in an independent physicians association. *Journal of Manipulative and Physiological Therapeutics* 2001; 24(9): 556-559.

⁴⁵ Giles L, Muller R. Chronic Spinal Pain - A randomized Clinical Trial Comparing Medication, Acupuncture and Spinal Manipulation. *Spine* 2003; 28: 1490-1503.

⁴⁶ Hawk C, Long CR, Boulanger KT. Patient Satisfaction with the Chiropractic Clinical Encounter: Report from a Practice-Based Research Program. *Journal of the Neuromusculoskeletal System* 2001; 9(4): 109-117.

⁴⁷ Hertzman-Miller R, Morgenstern H, Hurwitz E, et al. Comparing the Satisfaction of Low Back Pain Patients Randomized to Receive Medical or Chiropractic Care: Results From the UCLA Low Back Pain Study. *American Journal of Public Health* 2002; 92: 1628-1633.

group and patient satisfaction with chiropractic care is very high. There is steadily increasing patient use of chiropractic in the United States, which has tripled in the past two decades. This translates into an estimated 190 million patient visits to chiropractors in a year, or about 30 percent of visits to all CAM providers.”⁴⁸

“The proportion of the U.S. population using chiropractic services has doubled in the past 20 years, and it is estimated that by the year 2010 the number of chiropractors will again double.”⁴⁹

Studies of patient satisfaction in workers compensation have continually found high satisfaction levels with chiropractic. In one study, that satisfaction level with chiropractic was on par with specialist surgeons. The Arizona State University Healthy Back Study (HBS) was a prospective study of work-related back pain; 1,831 workers completed a baseline interview, with follow-up interviews at 1 month, 6 months, and 1 year. The HBS merged demographic and claim characteristics from the workers’ compensation claim files with self-reported severity measures, measures of satisfaction, and post-onset employment from worker interviews. Workers are more concerned with the effectiveness of care than with the bedside manner of their provider.⁵⁰

Today, that demand for care remains high and can be seen in the backlog of patients waiting to see DCs in Veterans Administration (VA) and Department of Defense (DOD) healthcare systems. Patients in those systems have indicated a high level of satisfaction with chiropractic care, as reported in a Department of Defense survey of personnel at selected military bases where on-site chiropractic services were available. A report of the U.S. Department of Defense (DOD) on the Chiropractic Health Care Demonstration Project was finalized by DOD consultants Birch and Davis and was submitted to the U.S. Congress. The results of the study speak for themselves:⁵¹

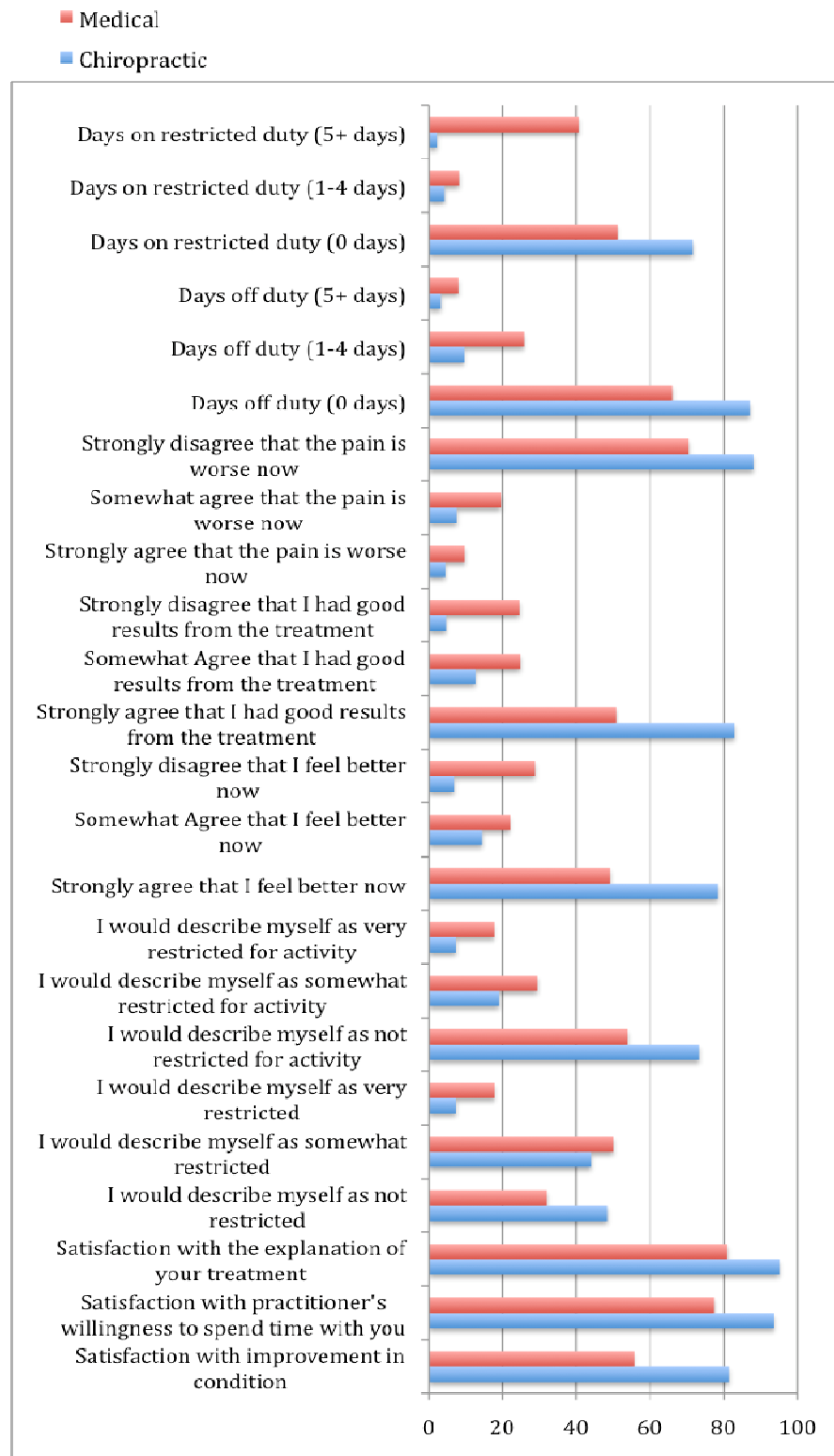
⁴⁸ Meeker, W, Haldeman, Scott, MD, PhD, DC, “Chiropractic: A profession at the crossroads of mainstream and alternative medicine. *Annals of Internal Medicine* 2002, Vol. 136, No 3.

⁴⁹ Coulter, I, Hurwitz, E, Adams, A, Genovese, B, Hays, R, Shekelle, P. Patients using chiropractors in North America: Who are they, and why are they in chiropractic care. *Spine* 2003; 27 (3): 291-296

⁵⁰ Richard J. Butler, PhD*, William G. Johnson, PhD, Department of Economics, Brigham Young University, 183 FOB, BYU, Provo, UT 84602 School of Computing and Informatics, Ira A. Fulton College of Engineering, Arizona State University, April 2007

⁵¹ Final Report: Chiropractic Health Care Demonstration Project, Birch & Davis Associates, Falls Church, Virginia, February 2000.

TABLE 3.
Consumer Perspectives: Chiropractic vs. Traditional Medical Care



Similar results were obtained from a survey of Canadian military personnel regarding their satisfaction with chiropractic services provided through that nation's defense infrastructure. According to that analysis, "Chronic low back pain accounted for most presentations to the hospital chiropractic clinic. The majority of military personnel (94.2%) and referring physicians (80.0%) expressed satisfaction with chiropractic services."⁵²

Patient satisfaction levels also relate directly to the profession's safety record. The chiropractic profession understands that patient safety must be a paramount concern. Although chiropractic has an excellent safety record, no health procedure is completely free of potential adverse effects. Research and training in risk management and assessing the unique needs and possible contraindications of each individual patient continues to be a high priority within the chiropractic profession. Taken in comparison to the risk environment of standard medical approaches, chiropractic has, without question, the best safety record of any health care profession.

APPENDIX A

CHIROPRACTIC IS WIDELY RECOGNIZED IN THE HEALTH CARE SYSTEM

In addition to longstanding formal recognition by all 50 states in the licensing and regulatory process, chiropractic is firmly anchored in the national health care system, in both its public and private dimensions.

- Chiropractic care is available to members of the US Armed Services at more than 40 military bases in the United States, and doctors of chiropractic are authorized by statute to be commissioned as health care officers in all branches of the military.
- Chiropractic care is available to eligible beneficiaries at nearly 30 Department of Veterans Affairs (DVA) health care facilities.
- Congress has authorized certain chiropractic services be covered by Medicare and Medicaid for all Americans.

⁵² Boudreau LA, Busse, JW, McBride G., Chiropractic Services in the Canadian Armed Forces: A Pilot Project, *Military Medicine* 2006 (Jun); 171 (6): 572-576.

- Federal employees have chiropractic coverage in the Federal Employee Health Benefit Program and in the Federal Employee Worker's Compensation Program.
- All 50 states have authorized the provision of chiropractic care under state workers' compensation laws.
- Chiropractic services are included in the Railroad Retirement Act.
- The Internal Revenue Service includes chiropractic services as a valid health care deduction.
- Chiropractic treatment is a covered benefit in virtually all traditional insurance policies.

In the early 1970's Medicare began reimbursement for chiropractic care. Section 1861(r)⁵³ of the Medicare statute defines doctors of chiropractic as "physicians" for purposes service delivery, though with limited coverage. Around the same time, chiropractic education was officially accredited by the U.S. Department of Education through the Council on Chiropractic Education (CCE). In 1987, the profession won a decade long legal battle against the American Medical Association (AMA) and other organizations for longstanding, coordinated anticompetitive activities that were found to constitute antitrust law violations.⁵⁴

In 1994, HRSA began to fund chiropractic institutions to conduct research, which was followed in 1997 with significant center grant funding by NIH NCCAM. Chiropractic scientists were appointed to serve on NCCAM's National Advisory Committee, on NIH study sections, and on other policy-making bodies. Practitioners, scientists, and policy-makers have become increasingly aware that a reasonable body of credible scientific evidence was accumulating demonstrating the benefits of spinal manipulation for spine-related problems, a major public health concern. This guidelines research effort was initially codified in a clinical guideline published by the U.S. Agency for Health Care Policy and Research in 1994.⁵⁵

⁵³ Sec. 1861. [42 U.S.C. 1395x]

⁵⁴ *Wilk v. American Medical Association*, 895 F.2d 352 (7th Cir. 1990)

⁵⁵ Bigos S, Bowyer O, Braen G, et al. *Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14*. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December 1994

Within the past decade, chiropractors have been officially positioned in the Veteran's Health Administration and Department of Defense facilities. Chiropractic is now so widely acknowledged and used by the public for spine-related conditions and embedded in some standard health delivery and reimbursement systems, that it can be characterized as standing at the "crossroads between alternative and mainstream medicine"⁵⁶

APPENDIX B

CHIROPRACTIC EDUCATION

Doctors of chiropractic are eligible for licensure in the United States after the completion of what is typically a 4 year clinical doctorate program conferring the DC degree, and the passing of a 4-part progressive standardized set of didactic and practical examinations administered by the National Board of Chiropractic Examiners, the principal testing agency for the profession. Most states require annual continuing education credits to maintain licensure. Currently 19 chiropractic programs in the U.S. are accredited by the Council on Chiropractic Education (CCE) and regional accrediting bodies, which are recognized by the US Department of Education for accreditation purposes.

Students entering chiropractic programs must have successfully completed at least 90 credit hours (3 years) of undergraduate coursework that must include specific hours in basic sciences and humanities. Approximately 75 percent of entering students have baccalaureate degrees. The DC curriculum of 4,200 minimum hours is similar to a medical school curriculum in that the colleges teach a broad based curriculum including differential diagnosis but emphasizes neuro-musculoskeletal conditions and biomechanical interventions over pharmacology. Chiropractic institutions embrace an evidence-based care paradigm of making clinical decisions based on best available scientific evidence, clinical experience, and patient preferences.

Clinical experience is acquired in teaching clinics as opposed to hospital internships. National board exams are required at specified points during the educational journey, and are necessary for final state licensure as described above. Postgraduate specialty certification is available in radiology, rehabilitation, sports, nutrition, pediatrics, orthopedics, neurology, and others, usually after the completion of courses, a residency, and a standardized examination.

⁵⁶ Meeker, W, Haldeman, H., "Chiropractic: A profession at the crossroads of mainstream and alternative medicine. *Annals of Internal Medicine* 2002, Vol. 136, No 3

All accredited chiropractic institutions have nurtured a scholarly community that meets under the auspices of the Association of Chiropractic Colleges (ACC) to share data, programs, and experience. Educational research is published in the PUBMED recognized and peer reviewed *Journal of Chiropractic Education*. The advent of federally-funded basic and clinical research grant awards to chiropractic institutions starting in the 1990s has contributed significantly to the evolution of the nascent scholarly culture. During the past decade, the government awarded approximately \$40 million to support chiropractic related research, much of it in projects requiring scientific collaborations with established universities. Chiropractic colleges have received numerous grants from the National Institutes of Health (NIH) and Health Resources and Services Administration (HRSA).

The Journal of Manipulative and Physiological Therapeutics, another highly respected research journal of the profession, dates back to 1978, and is widely regarded in the generic physical medicine community. Faculty development is now receiving special attention as never before.

With regard to interdisciplinary training and experience, the majority of chiropractic institutions either has or is in the process of developing clinical rotation opportunities at Veteran's Health Administration hospitals and Department of Defense facilities that employ chiropractors. Further efforts are being made to incorporate newly graduated chiropractors in loan-repayment programs that reward service in community health clinics. While these arrangements are currently few in number, the clinical experience to be gained from working in integrated health care settings has obvious implications for students as they subsequently move along in their careers, and underscores the need to develop didactic interdisciplinary objectives.

APPENDIX C

CHIROPRACTIC RESOURCES

American Chiropractic Association

1701 Clarendon Boulevard
Arlington, VA 22209
TEL. (703) 276.8800
FAX (703) 243-2593
www.acatoday.com



Association of Chiropractic Colleges

4424 Montgomery Avenue, Suite 202
Bethesda, MD 20814
TEL. (301) 652-5066
FAX (301) 913-9146
www.chirocolleges.org



Congress of Chiropractic State Associations

12531 E. Meadow Dr
Wichita, KS 67206
TEL. (316) 613-3386
FAX (316) 633 4455
www.cocsa.org



International Chiropractors Association

1110 N. Glebe Road,
Suite 650
Arlington, VA 22201
TEL. (703) 528-5000
FAX 703-528-5023
www.chiropractic.org

