

Chiropractic – Information for Healthcare Professionals

Chiropractic is a primary health-care profession that specialises in the diagnosis, treatment and overall management of neuromusculoskeletal conditions that are due to mechanical dysfunction of the joints and muscles.

The profession has statutory regulation through the General Chiropractic Council (GCC); it is illegal to practise as a chiropractor without being registered with the GCC. www.gcc-uk.org

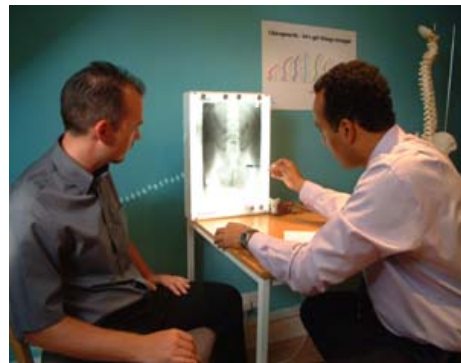
The British Chiropractic Association (BCA) is the largest and longest-standing association for chiropractors in the UK, requiring the highest standards of education, training and conduct from its members.

A primary health care profession with statutory regulation

Diagnosis

Diagnosis is reached only after proper examination and observation of the patient, including:

- Case history
- Physical examination
- Standard orthopaedic and neurological tests
- Observation of posture to assess biomechanical stresses
- Examination of individual joints
- X-rays (when clinically necessary)



Treatment

Treatment consists of a wide range of manipulative techniques appropriate to the patient and his/her condition, designed to improve the function of the joints, relieving pain and muscle spasm. Such skilled manipulation is very specific and directed at individual joints in order to restore optimal joint and muscle function.



Patient management

BCA chiropractors support the treatment they offer with individual advice about the patient's lifestyle, work and exercise, in order to help in managing the condition and preventing a recurrence of the problem.

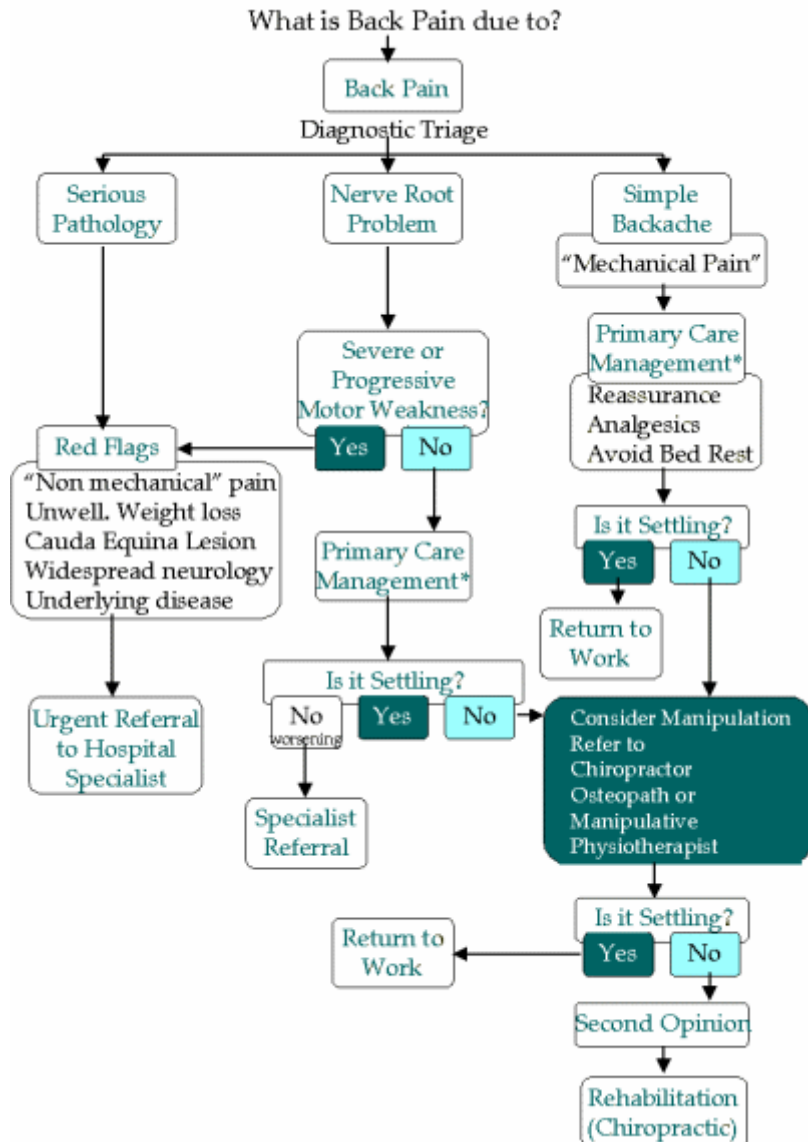
X-rays may be used in the diagnostic process. Some chiropractors use other treatment modalities, eg ultrasound and interferential, soft tissue or massage techniques and many incorporate functional rehabilitation exercises.



Conditions suitable for treatment

95% of back pain is mechanical in origin, and can be treated by a chiropractor – with full responsibility for the patient - in a primary care setting. However, a letter of referral from the patient's GP, together with details of any previous investigations, treatment or X-ray findings, is helpful, and a report from the chiropractor will follow. Chiropractors treat patients from newborn to the elderly and conditions suitable for chiropractic treatment include:

- Neck pain due to posterior joint and ligament strain with referred pain or paraesthesia. This might involve nerve root irritation which could be discogenic or related to degenerative spondylosis.
- Migraine of cervicogenic origin.
- Tension headaches due to dysfunction of the upper cervical spine and muscle spasm.
- Thoracic spine pain with involvement of the costo-vertebral joints which might also affect other body systems.
- Disc herniation with nerve root involvement, tension signs and even mild neurological deficits.
- Low back pain due to facet and sacro-iliac irritation, muscle strain, ligament sprains with associated muscle spasm and referred pain which might also affect other body systems.
- Nerve root irritation due to lateral spinal canal stenosis with degenerative changes, and even when there are signs of neurogenic claudication.
- Peripheral joint problems such as shoulder capsulitis and rotator cuff tendonitis, medial/lateral epicondylitis and carpal tunnel syndrome. These conditions present as local problems but can involve the cervical spine and may benefit from treatment of both areas.
- Knee ligament sprains and mild meniscal tears.
- Ankle injuries.
- Dysfunction of the joints of the hands and feet.



Education and training

The title of chiropractor is protected by law and as a result only practitioners who are registered by the GCC can call themselves chiropractors. The GCC has set the standards of education in chiropractic and all chiropractors must have graduated from an accredited institution before being accepted onto the Register.

The BCA only accepts graduates who have undertaken a minimum four-year full-time internationally-accredited course. These courses will have included intensive training in a variety of subjects including life sciences, radiology, neurology, biomechanics, clinical medicine and differential diagnosis. Chiropractic students are taught to diagnose pathology and look for contraindications to treat. They also undergo practical training in adjustment and supervised clinical training, where they have hands-on practice in treating patients.

Graduates who are members of the BCA undertake an additional year of supervised training as a requirement of membership, and there are many opportunities for chiropractors to study for postgraduate specialist qualifications.

The two full-time places of chiropractic education in the UK are: the Anglo European College of Chiropractic in Bournemouth and the Welsh Institute of Chiropractic at the University of Glamorgan.

In 2004, continuing professional development (CPD) became a requirement for chiropractors to re-register with the statutory body, the GCC. Chiropractors are required to undertake a minimum of 30 hours of self directed learning per annum.

Are there any risks?

Chiropractic has far fewer risks than many other treatments. Serious side effects are extremely uncommon. Research shows that chiropractic is one of the safest and most effective forms of treatment available. A BCA chiropractor will, of course, always be happy to discuss all concerns with a patient or other healthcare professional regarding their treatment.

Research supports chiropractic

Numerous studies throughout the world have shown that chiropractic treatment, including manipulative therapy and spinal adjustment, is both safe and effective.

UK Beam Trial; Back pain, exercise and manipulation (UK BEAM) randomised trial: effectiveness of physical treatments for back pain in primary care. British Medical Journal Nov 2004; 329; 1377 (doi: 10.1136 /bmj. 38282. 669225.AE)

Medical Research Council; 'Low Back pain of mechanical origin: randomised comparison of Chiropractic from hospital outpatient treatment'; Meade et al.
British Medical Journal 2nd June 1990 - Volume 300 Pages 1431-1437.

Medical Research Council (Follow-up-study) Trial 'Randomised comparison of Chiropractic and hospital outpatient management for low back pain; results from extended follow up'; Meade et al.

British Medical Journal 5th August 1995 - Volume 311 - Pages 349-351

RCGP - Royal College of General Practitioners: Clinical Guidelines for the Management of Acute Low Back Pain.

Now superseded by the European Guidelines in Back Pain

Clinical Standards Advisory Group; Backpain Report 1994.

Carter JT, Birrell LN (Editors) 2000. Occupational health guidelines for the management of low back pain at work - principal recommendations. Faculty of Occupational Medicine. London.

Occupational health guidelines for the management of low back pain at work - leaflet for practitioners. Faculty of Occupational Medicine. London. 2000. Waddell G, Burton AK 2000. Occupational health guidelines for the management of low back pain at work - evidence review. Faculty of Occupational Medicine. London.

Chiropractic Treatment in Workers with Musculoskeletal Complaints; Mark P Blokland DC et al; Journal of the Neuromusculoskeletal System vol 8 No 1, Spring 2000

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[House of Lords Select Committee on Science and Technology report on Complementary and Alternative Medicine November 2000](#)

[British Medical Association – General Practitioner Committee. Referral to Complementary Therapists – Guidance for GPs. March 2006](#)

The BMA welcomes the greater use of the range of specialist skills within the health service; chiropractic, acupuncture, osteopathy, homeopathy and herbalism. A GP may suggest patients visit a particular type of therapist without actually making a formal referral and may then offer to recommend a suitable individual.

[Musculoskeletal Services Framework – Department of Health. July 2006](#)

The main treatment interventions, as recommended by the current evidence review and that of clinical guidelines is a biopsychosocial approach: a) Guidance on activity, lifestyle, prognosis and prevention. b) **Physical treatments drawn from all types of manual therapy, spinal manipulation and rehabilitation exercise.** c) Advice about pain control, including non-prescription medication. d) Psychosocial interventions aimed at resolving cognitive barriers to recovery.

[Non-rigid stabilisation procedures for the treatment of low back pain – National Institute for Health and Clinical Excellence. June 2006](#)

States that chiropractic intervention can be used in the treatment of acute low back pain.

[European guidelines for the management of acute nonspecific low back pain in primary care. 2005](#)

Recommends the consideration of spinal manipulation for patients failing to return to normal activities.

[For more information or to find a BCA chiropractor in your area:](#)

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