

## Clinical and Professional Chiropractic Education: a Position Statement

*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;*

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

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.
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
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.
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.
5. The 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.
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.

---

<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.

<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)

## The International Chiropractic Education Collaboration

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.
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>.

On behalf of the following chiropractic educational institutions:



AECC University College,  
School of Chiropractic



University of South Wales,  
The Welsh Institute of Chiropractic



University of Southern Denmark,  
The Education of Clinical Biomechanics



University of Zurich<sup>UZH</sup>

University of Zürich,  
Chiropractic Medicine



INSTITUT FRANCO-EUROPEEN  
DE CHIROPRAxie

Institut Franco-Européen de  
Chiropraxie



UNIVERSITY  
OF  
JOHANNESBURG

University of Johannesburg,  
Department of Chiropractic



Durban University of Technology,  
Department of Chiropractic  
and Somatology



MACQUARIE  
University  
SYDNEY · AUSTRALIA

Macquarie University,  
Department of Chiropractic



MURDOCH  
UNIVERSITY  
PERTH, WESTERN AUSTRALIA

Murdoch University,  
Discipline of Chiropractic



International Medical University,  
School of Health Sciences,  
Chiropractic Division



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



RCU Escorial Maria Cristina,  
Madrid College of Chiropractic

<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.

# The International Chiropractic Education Collaboration

---



Canadian Memorial Chiropractic College

*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.*