

# CONFIDENTIAL

NEW ZEALAND SOCIETY OF PHYSIOTHERAPISTS INC.  
SUBMISSIONS TO PARLIAMENTARY SELECT COMMITTEE  
ON HEALTH - CHIROPRACTORS BILL (NO. 91 - 1)

JANUARY 1982

May it please the Committee to review the following submissions from the New Zealand Society of Physiotherapists Inc. The Society represents all aspects of Physiotherapy whether it be hospital employees, private practitioners or the various sub-groups of Physiotherapists involved in the treatment of soft tissue injuries or Manipulative Therapy. The Society is voluntary and has a membership of about 850 including both actively practising and non-practising physiotherapists. This represents about 75% of all registered Physiotherapists.

These submissions have been prepared, not in an adversary position, but in an effort to assist in promoting legislation which will be meaningful and which will not conflict with other legislation - particularly the Physiotherapy Act 1949 and subsequent amendments.

There are only 6 matters which we wish to comment on:

1. Scope of practice of Chiropractic
2. Complaints Assessment Committee
3. Publication of the Register
4. The First Schedule
5. Social Security payments for Chiropractic
6. The use of the title "Dr".

Before discussing these issues, the New Zealand Society of Physiotherapists wants to make it clear that it regards the Report of the Commission of Inquiry into Chiropractic as being a useful document but, far from infallible. The Society has published a detailed criticism of the Report, a summary of which is attached as Appendix 3. Furthermore, physiotherapists were concerned that the Chiropractic Report and the 94,000 signature petition which preceded it, (3% of the New Zealand population) might not adequately represent the feelings of the general public about manipulative treatment in New Zealand. The Society commissioned an NRB survey to provide the public views. Appendix 4. Survey questions revolved around the recommendations of the Chiropractic Commission. In summary, the public preferred that manipulative treatments be available from orthodox sources and that

manipulative specialists be trained in New Zealand, not Australia as recommended by the Report. In considering prospective additions to the subsidised health service, the public preferred Dentistry and Optometry before Chiropractic. The full survey has been made available to parliamentarians.

1. The Scope of Practice of Chiropractic:

Chiropractic is difficult to define - it has various definitions which vary according to the source. The New Zealand definition (Chiropractic Act 1960) is that "Chiropractic means the examination and adjustment by hand of the segments of the human spinal column and pelvis"; the Palmer College in the United States (where the majority of New Zealand Chiropractors are trained), define Chiropractic as "... that science and art which utilises the inherent recuperative powers of the body, and deals with the relationship between the nervous system and the spinal column, including its immediate articulations, and the role of this relationship in the restoration and maintenance of health"<sup>1</sup>. The New Zealand Chiropractors Association go further to state in their submissions to the New Zealand Commission of Inquiry into Chiropractic that "the practice of Chiropractic has as its central therapeutic goal the restoration of normal function to the neuromusculo-skeletal structures of the spine in order to advance the general welfare of the patient. Its focal point of concern is the integrity of the nervous system"<sup>2</sup>.

The Palmer College (where 7 out of 10 New Zealand Chiropractors train) and the New Zealand Chiropractors Association's definitions embrace an all encompassing description of the "chiropractic vertebral subluxation" the correction of which will restore and/or maintain health. The Commission of Inquiry rejected this notion and quite properly recognised that chiropractic treatment (being essentially manipulation) or more universally referred to as Spinal Manipulative Therapy was an efficacious treatment in those disorders whose symptoms are mainly local pain in either the spine itself (e.g. simple backache), or in closely associated areas.

These may be classified as musculo-skeletal disorders, involving essentially mechanical dysfunction<sup>3</sup>. Organic or visceral disorders such as high blood pressure, peptic ulcer, diabetes and so on fall outside the sphere of spinal mechanical dysfunction and as such the Commission regarded "the effectiveness of chiropractic treatment of patients with Type 0 (organic or visceral

disorders) as too unpredictable to warrant subsidy under the Social Welfare and Accident Compensation Acts...."<sup>4</sup>.

The Commission recognised that "manual therapy"<sup>5</sup> has a role to play in the treatment of spinal mechanical dysfunction but that it only has a very limited role in the treatment of organic or visceral disease. It recognised that Physiotherapists as well as Chiropractors are competent in delivering this type of therapy. Undoubtedly, manipulation is very valuable in treating spinal pain, that is why physiotherapists use it. Very little has come from the Chiropractics by way of original research which demonstrates the efficacy of chiropractic treatment and health care. (A comprehensive review of the scientific literature on manipulation by David Banta is attached as Appendix 5.

In the October - November 1980 issue (Appendix 1) of the International Review of Chiropractic (the official organ of the International Chiropractic Association - the organisation which adheres to the Palmerian concept of chiropractic), reaffirmed its 1959 position on the scope of practice of Chiropractic. The Board of Control of the I.C.A. unanimously approved the following:

"The SCIENCE of chiropractic deals with the relationships between the articulations of the vertebral column and the nervous system, and the role of these relationships in the restoration and maintenance of health.

The PHILOSOPHY of chiropractic is based upon the premise that disease or abnormal function is caused by interference with nerve transmission and expression due to pressure, strain or tension upon the spinal cord or spinal nerves, as a result of bony segments of the vertebral column deviating from their normal juxtaposition.

The PRACTICE of chiropractic consists of analysis of any interference with normal nerve transmission and expression, and the correction thereof by an adjustment with the hands of the abnormal deviations of the bony articulations of the vertebral column for the restoration and maintenance of health, without the use of drugs or surgery. The term 'analysis' is construed to include the use of X-ray and other analytical instruments generally used in the practise of chiropractic.

It is to be understood that the board approves any reasonable measures and advice which fall in the area of case management. Common sense dictates that in the interest of the welfare of the patient, chiropractors cannot and should not remain mute and insensitive to the needs of the patient. But the chiropractor steps out of his legitimate field when he uses or prescribes devices, substances or measures which constitute therapy in and of themselves. The adjustment of the bony articulations of the vertebral column for the restoration and maintenance of health is the fundamental premise of chiropractic"<sup>6</sup>.

It is important to note that the I.C.A. considers that "the chiropractor steps out of his legitimate field when he uses or prescribes devices, substances or measures which constitute therapy in and of themselves". They continue to say that "the adjustment of the bony articulations of the vertebral column for the restoration and maintenance of health is the fundamental premise of chiropractic" - a statement which incorporates the definitions of the Palmer College and of the New Zealand Chiropractors Association referred to above<sup>1,2</sup>.

To complete the definitions the following is taken from a pamphlet entitled "Chiropractic Health Care"<sup>10</sup> published recently by the American Chiropractic Association in Iowa, U.S.A., under the heading "What is Chiropractic?". "Chiropractic is that science and art which utilises the inherent recuperative powers of the body and the relationship between musculo-skeletal structures and functions of the body, particularly of the spinal column and nervous system, in the restoration and maintenance of health".

The same issue of the International review of Chiropractic reports under the heading "Mississippi limits scope of practice" that "The Mississippi State Board of Chiropractic Examiners recently amended the rules and regulations on chiropractic to comply with the decision of the Norville v. Mississippi State Medical Association case. The amendments expressly prohibit the use of microwave diathermy machine, ultrasonic devices or electric muscle stimulators in the practise of chiropractic. In addition, a chiropractor is prohibited from prescribing, recommending or suggesting the use of vitamins for patients"<sup>7</sup>.

Recommendation 14 of the Commission of Inquiry Report also imposes limitations and properly recognises that "manual therapy" is an appropriate treatment for "the relief of specific musculo-skeletal symptoms such as back pain(s) which are generally accepted as having their origin in biomechanical dysfunction of the vertebral column.... but shall not include symptoms indicating organic or visceral disorder"<sup>8</sup>.

These limitations were recommended so that there would be clear control on payments of monies from the public purse under the Social Security Regulations and the Accident Compensation Act.

To limit the practise of Chiropractic in situations where claims on public monies were not involved the Commission recommended strict adherence to an ethical code that would be binding on all chiropractors. Recommendation 5<sup>9</sup> of the Report sets out the relevant material but of particular note is the section dealing with what could be deemed as "conduct unbecoming a member of the chiropractic profession" - in particular paragraph "(b) By words or conduct inducing any person to believe that chiropractic treatment will necessarily cure or alleviate any organic or visceral disease or disorder".

The American Chiropractors Association also recognise limitation of practise in their pamphlet "Chiropractic Health Care"<sup>10</sup> by saying that "Chiropractic treatment methods are determined by the scope of practice authorised by State law. These methods, however, do not include the use of prescription drugs or major (underlining mine) surgery, thus avoiding the dangers therein". They do go further to say that the chiropractor is competent to offer dietary and nutritional advice recommending vitamin and mineral food supplements; use physiotherapeutic measures "to enhance the effects of chiropractic adjustment"; and as a "Professional Counsel - advice is often given in such areas as dietary regimens, physical and mental attitudes, sanitation, safety, habits, posture, and other activities of daily living to enhance the effects of the chiropractic adjustment". The Commission found that "in New Zealand it appears to us that chiropractors regard manual therapy as the only real item in their armamentarium"<sup>11</sup>.

That statement is probably true. However, chiropractors still hold to their North American training and continue to follow the Palmer approach so that spinal adjustments become the appropriate treatment for "stress" as advocated by a recent chiropractic visitor L.E. Allen D.C.<sup>12</sup>.

"The central nervous system controlled many bodily functions and stress would strain it, causing changes to a person's demeanour. Correction could most often be done through making adjustments to the spinal cord, he said, relieving the strain on pulled muscles". Allen has devised an instrument he calls a "Gravity Stress Analyser" which local chiropractors hope to manufacture in New Zealand for about \$600.

Chiropractor Rose<sup>17</sup> is already practising such techniques.

Following a fireworks display at Western Springs Stadium in Auckland last November, a young giraffe (Lo Cecil) in the adjacent zoo, was injured. The giraffe had a neck injury and prominent in the news broadcasts and interviews on television was a chiropractor who was attempting to "correct the subluxation". After several days of pain the animal was destroyed and a post-mortem examination: "confirmed the diagnosis of dislocation between C3 and C4. The anterior displacement was due to a separation of soft bone/cartilage from the head of C4 at the fibrous attachment of the annular rings surrounding the disc. This allowed displacement of the body of C3 around the proximal end of C4 which impeded reduction"<sup>13</sup>. This type of fracture/dislocation in a young growing vertebra is orthopaedically difficult to treat even in the human where general anaesthesia sedation and skull traction may be insufficient to prevent para or quadraplegia. Certainly chiropractic has no place in veterinary science.

Chiropractors are involved in treatment of sports injuries in two basic areas; the first to treat spinal disorders which may be affecting the sciatic nerve or giving backache and secondly, (and more importantly), advocating preventative chiropractic treatment to enhance athletic performance<sup>14,15</sup>.

The Commission of Inquiry could not support "preventative chiropractic".

The New Zealand Society of Physiotherapists therefore recommend:

- i. That the scope of practise of chiropractic be restricted to the treatment of spinal mechanical dysfunction for musculo-skeletal disorders whose symptoms are mainly local pain either in the spine itself or in closely associated areas.
- ii. Such treatment will not involve the use of thermotherapy, electrotherapy, hydrotherapy and exercise therapy or other such modalities recognised as physiotherapy.

- iii. Such treatment will not include the prescribing of restricted drugs vitamins, minerals or other food supplements.
- iv.. Such treatment will not include orthotic and prosthetic advice or the use of surgery.

2. Complaints Assessment Committee:

Within the section of the Bill under the heading "Discipline" is the important area of professional discipline. The Commission of Inquiry repeatedly recognised that this was an area in need of change for both the chiropractic profession and the public. Section 29 of the Bill, in our opinion, only partly meets the requirements of both these parties.

With the experience of having dealt with a disciplinary committee which was established only after complaint had been made, we make the following observations:

- 1. A permanent standing committee could deal with the matter more expeditiously.
- 2. The committee as a standing one develops necessary skills of communication and approach, which committees appointed "from time to time" don't possess.
- 3. Speedy resolution of complaints is important and this is more likely to occur with a standing committee.

The New Zealand Society of Physiotherapists recommends therefore:

- v. That section 29 be called "the Chiropractors disciplinary committee"
- vi. The constitution of the committee be:
  - (a) 3 Chiropractors, one of whom shall be on the Chiropractors Board.
  - (b) The medical representative on the Chiropractic Board
  - (c) The Department of Health representative on the Board
  - (d) and one other lay person.

The Minister of Health in introducing the Bill recognised the assistance of the medical representative on the Board; it is therefore appropriate that this person be on this committee as of right. This committee should be modelled on the Medical Practitioners Disciplinary Committee in the Medical Practitioners Act.

3. Publication of the Register:

It is suggested that the register should not only be available for inspection at the office of the Secretary of the Board in Wellington but that it be published annually in the "Gazette" as is the medical register. As there are only about 100 chiropractors in New Zealand, such a publication would not be expensive but it would then be in all public libraries and available for easier public inspection..

It is therefore recommended:

- vii. That the Register of Chiropractors be gazetted annually  
(Reference: Section 37 of the Medical Practitioners Act).

4. The First Schedule:

Recognised Qualifications:

With any registration act the standards of the qualifications of those so registered needs to be assured.

The list of approved colleges in this Bill, however, include a college which is not even recognised by the Council and Chiropractic Education - The Sherman College of Straight Chiropractic, South Carolina.

While it is recognised that there may already be graduates from colleges not recognised by the C.C.E. already practising in New Zealand, there can be no reason why standards have to be lowered to continue to allow more graduates to practise here. Obviously those already in New Zealand can be admitted under a "grandfathering" provision, no provision should be made for colleges which do not meet the standards of C.C.E. The attention of the Select Committee is drawn to Appendix 2 being a report on a recent court decision upholding the decision of C.C.E. not to accredit Sherman and Adio Colleges.

Likewise there is no form of accreditation for the Anglo-European College in England (which we believe is not the the C.C.E. standard but have no hard information to evaluate, except visits to the college by physiotherapists and personal correspondence dealing with entry requirements); or the International College in Australia.

It is therefore recommended that:

- viii. The Sherman College be deleted from the list of approved colleges until it is accredited by the C.C.E.
- ix. The Anglo-European and International Colleges be subjected to the same criteria used by the C.C.E. and if so measured cannot be accredited, they too should be deleted from the list.



- x. Chiropractors who already have New Zealand registration and who graduated from the above mentioned colleges be accepted for registration within the terms of the new Act.

5. Social Security Payments:

The Minister when introducing the Bill, said that the next session of Parliament would amend Part 11 of the Social Security Act to enable subsidies to be paid to patients receiving chiropractic treatment<sup>16</sup>. If this is the case then it is appropriate now to consider disciplinary matters associated with Social Security payments. There is little point in not now including within the main body of the Act a section which deals with complaints under the Social Security Act 1964.

It is recommended therefore that:

- xi. A section be included within the Chiropractors Act which will deal with complaints under the Social Security Act 1964. (this can be modelled on the Medical Practitioners Act. Section 45).

6. The Use of the Title "Dr".

Because of the widespread confusion which can result when various members of health care professions use the title "Dr", the Society also supports the opinion and recommendation of the Commission of Inquiry in restricting the use of the title "Dr". We can do no better than to recommend the following from page 269 of the Report:

- xii. "The Commission therefore recommends that the Chiropractors Act 1960 be amended by inserting the following provision:

"Any Chiropractor who displays or causes to be displayed, or produces or causes to be produced for display or circulation to the public any sign, notice, letterhead, professional card, advertisement, or other written or printed material which contains, in relation to any chiropractor who is not a registered medical practitioner, any of the terms "Dr.", "Doctor", or "Doctor of Chiropractic", commits an offence.... Provided however, that nothing in this section shall be read as prohibiting a chiropractor from displaying in his professional rooms any diploma or certificate relating to himself or to any other chiropractor with whose practice he is associated or from using after his name letters denoting an academic or professional qualification."

S U M M A R Y

To Summarise the Society's recommendations are these:

- i. That the scope of practise of chiropractic be restricted to the treatment of spinal mechanical dysfunction for musculo-skeletal disorders whose symptoms are mainly local pain either in the spine itself or in closely associated areas.
- ii. Such treatment will not involve the use of thermotherapy, electrotherapy, hydrotherapy and exercise therapy or other such modalities recognised as physiotherapy.
- iii. Such treatment will not include the prescribing of restricted drugs, vitamins, minerals or other food supplements.
- iv. Such treatment will not include orthotic and prosthetic advice or the use of surgery.
- v. That section 29 be called "the Chiropractors Disciplinary Committee".
- vi. The constitution of the committee be:
  - (a) 3 Chiropractors, one of whom shall be on the Chiropractors Board.
  - (b) The medical representative on the Chiropractic Board.
  - (c) The Department of Health representative on the Board
  - (d) and one other lay person.
- vii. That the Register of Chiropractors be gazetted annually (Reference: Section 37 of the Medical Practitioners Act).
- viii. The Sherman College be deleted from the list of approved colleges until it is accredited by the C.C.E.
- ix. The Anglo-European and International Colleges be subjected to the same criteria used by the C.C.E. and if so measured cannot be accredited they too should be deleted from the list.

SUMMARY (Cont'd)

x. Chiropractors who already have New Zealand registration and who graduated from the above mentioned colleges be accepted for registration within the terms of the new Act.

xi. A section be included within the Chiropractors Act which will deal with complaints under the Social Security Act 1964. (This can be modelled on the Medical Practitioners Act. Section 45).

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"Any Chiropractor who displays or causes to be displayed, or produces or causes to be produced for display or circulation to the public any sign, notice, letterhead, professional card, advertisement, or other written or printed material which contains, in relation to any chiropractor who is not a registered medical practitioner, any of the terms "Dr.", "Doctor", or "Doctor of Chiropractic", commits an offence.... Provided however that nothing in this section shall be read as prohibiting a chiropractor from displaying in his professional rooms any diploma or certificate relating to himself or to any other chiropractor with whose practice he is associated or from using after his name letters denoting an academic or professional qualification".

R E F E R E N C E S

1. Chiropractic in New Zealand. Report of the Commission of Inquiry 1979 Page 29.
2. *ibid.* Page 43.
3. *ibid.* Pages 42 and 43
4. *ibid.* Page 58
5. *ibid.* Page 30
6. I.C.A. Board of Control - Scope of Practice Policy Statement: International Review of Chiropractic Vol.34 No.4, October - December 1980 Page 46.
7. *ibid.* Page 10
8. Chiropractic in New Zealand. Report of the Commission of Inquiry 1979, Page 312.
9. *ibid.* Page 309.
10. "Chiropractic Health Care" pamphlet published by American Chiropractic Association, 2200 Grand Avenue, Des Moines, Iowa 50312 U.S.A.
11. Chiropractic in New Zealand. Report of the Commission of Inquiry 1979 Page 41.
12. Newspaper clippings: The Press, Christchurch 21.10.81  
(on 2 pages) Evening Post, Wellington 19.10.81  
Bay of Plenty Times, Tauranga 13.10.81
13. Report on the death of Giraffe, Lo Cecil, submitted to the Parks and Library Committee of the Auckland City Council 1981.
14. "Sports Biomechanics Paper" - Report in the Wanganui Chronicle 27th November 1981. (Chiropractor Moon).
15. "Body care boosts performance for top athletes", Report South Auckland Courier, 14th October 1981. (Chiropractor Roe).

REFERENCES (Cont'd)

16. Hansard 22nd September 1981 Page 3486.
17. Letter to Editor, Ashburton Guardian, 21st December 1981.

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Reference Numbers - 6, 7, 10, 12, 14, 15 and 17 attached.

A P P E N D I C E S

1. I.C.A. Board of Control reaffirms 1959 position on scope of practice.  
International Review of Chiropractic Vo.34. No.4.
2. "C.C.E. Authority Upheld as Court rejects Sherman/Audio challenge", Internatioanl Review of Chiropractic, Vo.34 No.4. October - December Pages 40,41.
3. Summary of Criticisms attached to the New Zealand Society of Physiotherapists Inc. "Critique and Recommendations on Chiropractic in New Zealand" Pages 22,23,24.
4. "Report on a Survey of Public Attitudes to Manipulative Health Treatment in New Zealand" - New Zealand Journal of Physiotherapy Vol.8 No.1 April 1980. Pages 11,12,
5. Banta Report April, 1980.