

The Status of Chiropractic Practice Guidelines in North America

Interest in chiropractic practice and utilization guidelines gained momentum in the latter part of the 1980's. Prior to 1990 several states, including Ohio, Oregon and Washington, had begun guideline development. With the publication of Vear's book: *Chiropractic Standards of Practice and Quality of Care* in 1992¹, some issues surrounding guidelines for chiropractic practice became formalized as standards. Beginning with the Mercy Conference Guidelines, published in 1993² practice guidelines for the chiropractic profession came into the national arena. Following directly on this publication, the politically driven Wyndham guidelines³ were published by a group of straight chiropractors dissatisfied the Mercy proceedings. The process for both sets of guidelines that were based on consensus relied heavily on the use of authoritative theory and opinion, lacking a systematic evaluation of supporting evidence.

Procedure based guidelines significantly impacting the chiropractic profession have also been developed on a national level by the RAND Corporation^{4,5} and the Agency for Health Care Policy and Research⁶. Both groups evaluated supporting evidence for the use of manipulation in the treatment of acute low back pain, concluding that it is both safe and effective. These studies have been embraced enthusiastically by some chiropractors, which has gained more mainstream recognition for a limited role in which the chiropractor treats only back pain, and possibly neck pain and some forms of headache. Such a limited role, however, is not consistent with the broad scope of practice in the State of Oregon.

Guidelines continue to be put forth both nationally by the International Chiropractic Association (ICA)⁷ and the Council on Chiropractic Practice (CCP)⁸ and at the state level⁹ (Florida). These documents are still largely based on consensus opinion, without the panel members reviewing the best available evidence, and far from meeting the Institute of Medicine¹⁰ criteria for guideline development. The ICA, CCP and Florida Guidelines have conflicts with the accepted practice of chiropractic in Oregon relative to diagnosis, assessment and informed consent. The CCP guidelines are designed specifically for vertebral subluxation practice, which is not inclusive or representative of the practice of chiropractic in the State Oregon. In addition some contributors and panel members listed in these guidelines did not participate directly in the consensus process. Of serious concern is the significant number of misleading references. Although found to be more acceptable, the Mercy guidelines are based primarily on consensus and have not been updated, necessitating development of a current document to guide chiropractic practice in the State of Oregon.¹¹