

The power of self-governance within Australian Chiropractic: A pragmatic analysis of the so-called 'baby-ban' which must now be resolved

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Abstract: This paper applies standard methods of historiography to inform my Pragmatic Analysis of a Ministerial directive to the Chiropractic Board of Australia to reinstate what was introduced then removed by the CBA as an interim advice against Chiropractors manipulating children under 2.

I examine two videos which were lodged by Chiropractors on social media and find they represent responsible, safe Chiropractic care. I report the unreasonable interference on the profession from political medicine which led to the Safer Care Victoria Inquiry and the above mentioned reinstatement of the interim advice after the CBA had undergone due process to examine the matter and issue appropriate and meaningful advice to Australia's registered Chiropractors.

I note the Royal Australian College of General Practitioners is hypocritical in its damning of the SCV Report as failing to show clinical effectiveness when (a) that was not the purpose of the inquiry, and (b) the RACGP's own practice standards encourage Level 4 evidence which is essentially a consensus of expert opinion of clinical efficacy, as is also the practise within Chiropractic.

My findings support my contention that *'the Chiropractic profession in Australia does not represent a danger to public health and has articulated self-governance to a high level such that formal intervention is no longer warranted and cannot be justified'*.

My conclusion is that the Health Ministers' Meeting (HMM) has sufficient appropriate and detailed information to act wisely right now in the best interests of all Australians, and especially those who choose to exercise their right to consult a Chiropractor by ceasing its discrimination against Chiropractors and returning to the status quo.

Indexing Terms: Chiropractic; political medicine; paediatrics; registration; legislation; safety; Chiropractic Board of Australia

Prelude

P rime time breakfast radio (13 June 2024, 07:15) on the highest rating radio program by a long shot in arguably Australia's largest and most competitive 'radio' city, and to my shock and horror, a wimpish neurosurgeon was having conniptions over the *Chiropractic Board [of Australia]* rescinding its claimed 'ban' on Chiropractors treating children.

Perhaps the anchor-host of that radio program has a pro-medical bias given his family situation; he most certainly gave the almost hysterical guest a free ride to traduce our profession, and traduce us he did.

To its credit, that radio station gave equal time, almost to the second, just 4 hours later, to the President of the *Australian Chiropractors Association*, (ACA) who spoke with calm dignity and addressed the issue in a positive manner. Thank you Dr Cahill.

... it is well past time that the actions of political medicine to influence Governments to discriminate against Chiropractic was called out and ended. It has nothing to do with patient safety...'



Introduction

This paper is neither opinion nor commentary but a pragmatic analysis as historiography of the situation in Australia under a Federal Labour government and its *Health Ministers Meeting Forum*. (1) The HMM is a committee within the *Federal Department of Health and Aged Care*, under the *Minister for Health and Aged Care*, The Hon Mark Butler MP. (2) This paper is published early in 2025, a year in which a Federal election is due and in which the incumbent Minister (Butler) may or may not be returned, a matter not relevant to this analysis.

In a Communique with the dateline 'Adelaide 14 June 2024', the day *after* the neurosurgeon's public release of the information, the HMM stated:

Health Ministers are concerned the Chiropractic Board of Australia [CBA] has lifted its interim ban on the spinal manipulation of children under two years of age. On behalf of Health Ministers, the Chair of the Health Ministers' Meeting will write to the Chiropractic Board requesting it to immediately reinstate the interim ban and provide urgent advice on its recent decision to allow a resumption of this practice. (3)

My Prelude leaves no doubt the neurosurgeon on the radio broke an embargo by publicly expressing in advance what the outcome of the HMM would be. So much for confidentiality.

Next came a Communique with the dateline 'Sydney 16 August 2024' that read:

Health Ministers received an update regarding the Chiropractic Board of Australia's reinstatement of a pause on the spinal manipulation of children under two years of age. The Chiropractic Board will undertake further consultation and evidence gathering before providing a recommendation to Health Ministers. (4)

As of the date of this paper there is an impasse in that the CBA's supposedly 'interim' advice against the manipulation of the cervical spine of children aged under 2 remains in force. Originally issued by the CBA on 14 March 2019 it reads:

The Chiropractic Board of Australia (the Board) has set an Interim Policy – Spinal manipulation for infants and young children to protect the public until the outcomes of the expert review are known, and a final policy is developed on the issue. The Board advises chiropractors to not use spinal manipulation to treat children under two years of age, pending the recommendations arising from the independent expert review. (5)

Two years prior to this in June 2017 the CBA had issued sensible advice to its registrants, stating:

The Board stipulated an expectation that chiropractors ensure their clinical practice is consistent with current evidence and/or best-practice approaches.

These positions seem no longer held on the Board's website, instead there is a position dated 29 November 2023 which can be read as reminding Chiropractors of the matters they must pay specific attention to when treating children. Naturally this relaxation of the interim position was beaten-up by political medicine (see Prelude) which pre-empted the HMM's June 24 release.

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1. Health ministers Meeting Forum. Home. <https://www.health.gov.au/committees-and-groups/health-ministers-meeting-hmm>
 2. The Hon Mark Butler MP. home. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp>
 3. HMM Communique. Adelaide 14 June 2024. <https://www.health.gov.au/sites/default/files/2024-06/health-ministers-meeting-hmm-communique-14-june-2024.pdf>
 4. HMM Communique. Sydney 16 August 2024. <https://www.health.gov.au/sites/default/files/2024-08/health-ministers-meeting-hmm-communique-16-august-2024.pdf>
 5. Ebrall P. The Chiropractic Board of Australia and its evidence-free position on the chiropractic care of children: A call for action. *Asia-Pac Chiropr J*. 2022;2:6. www.apcj.net/papers-issue-2-6/#EbrallEditorial2022Q2

Previously I have been critical of the Board's poor leadership in this matter and I remain so. The HMM seem to agree by 'demanding' the CBA '*undertake further consultation and evidence gathering before providing a recommendation to Health Ministers*'. (4) I am yet to see any expression from the CBA which would indicate it is undertaking '*further consultation*' and am appalled that it clearly did not develop an evidential base for its attempted restoration of full treatment rights for Chiropractors with children. This is notable for its incompetence given a published call for it to do so in late 2022. (5) The timing of each is not coincidental, however the CBA may have found redemption as I will explain.

I will now examine what I see as pivotal events which have resulted in this ongoing Ministerial discrimination against one group of health providers and the many young people they care for. I shall provide evidence for:

- i. the fact that prior to Chiropractic legislation being enacted for registration and professional practice, there were three Acts protecting the title of the profession (Table 1); (6)
- ii. the fact that the Chiropractic profession in Australasia has been examined by five Government Commissions of Inquiry (Table 2) each with appropriate recommendations for registration, education, and government funded research in the discipline; (6)
- iii. the remarkable safety record of Australian Chiropractors with Children as found by SCV;
- iv. the act by a Chiropractor self-promoting on social media with a video of child treatment which I compare directly with a video of that technique as taught to that Chiropractor showing the technique was undertaken as taught, and safely. What is more, the treatment was clinically effective and no complaints were made by the parents of the child;
- v. the letter of complaint about this video written to the CBA by 7 Chiropractors which is clear evidence the profession is capable of self-policing even if the authors of this complaint failed to understand the Chiropractic adjustment in a child;
- vi. a second video of a safe and standard Peiper-Isbert-reaction test ('inverted baby') which caused conniptions stirred by political medicine in the Victorian Health Minister (Mikakos) at the time regardless of the test shown being a standard and well-accepted test used in medical paediatric care, and with no complaints being made by the parents of the child; and
- vii. the conduct of the *Safer Care Victoria Inquiry* as a review of chiropractic manipulative care for children under 12 years of age and ask why its commissioning brief was changed from 'safety' to 'clinical effectiveness' as the report was being finalised and indeed, whether or not its findings may have been altered.

The known unknown to me is why the Chair of the CBA thought it necessary to issue '*interim guidance*' in 2019; was it his own distaste with the videos? If so, why and on what basis? Was it the letter of concern from fellow Chiropractors? Could it have been a directive to him to do so, and if so, a directive from whom, Minister Mikakos? Are such directives, should they have occurred, acceptable in a democracy where a profession under statute has strong social licence and is known to be safe?

Antecedent

About this paper

According to Duffy, (7) '*pragmatic analysis refers to a set of linguistic and logical tools with which analysts develop systematic accounts of discursive political interactions ... to identify the full range of inferences that a reader or a hearer would make when encountering the locutions of an author or a speaker, considered in context.*

6. Ebrall P. Finding the professional identity of chiropractic in Australasia that shaped education: A pragmatic narrative of the Inquiry Period from 1960 to 1979. *Asia-Pac Chiropr J.* 2022;3.1. apcj.net/papers-issue-3-1/#InquiryPeriod

7. Duffy G. Pragmatic Analysis. In: Klotz A, Prakash D. (eds) *Qualitative Methods in International Relations*. Research Methods Series. Palgrave Macmillan, London. 2008. https://doi.org/10.1057/9780230584129_11

After Hall, (8) a pragmatic analysis is a '*specific history*,' which in this case reconstructs past actions in an endeavour to recover meaning in order to understand the actions and '*thereby to understand why events turned out the way they did rather than some other way*'. (7)

My pragmatic narrative is wound among evidential artefacts common to historians. All documents are in the public domain. I certify there has been no use of AI or hacking in preparing this paper.

My method

A variety of approaches were taken and primary documents were evaluated, (9) tested, (10, 11) and accepted as recording what happened. Documents reporting how it happened were considered secondary. (12) Interpretation was not a semantic quarrel (13) but one about context and purpose. (14) This method represents my usual approach and is commonly used by me. In contrast to my 2022 Editorial (5) related to the CBA which necessitated the expression of opinion, this paper is devoid of my personal view and is written from the perspective of a neutral third person. In turn this places greater emphasis on my methods given in the paragraph above. What may seem as 'opinion' is hermeneutic interpretation.

Part 1: Context for my contention

My contention is that the Chiropractic profession in Australia does not represent a danger to public health and has articulated self-governance to a high level such that formal intervention is not warranted and cannot be justified.

My introduction provided an overview of events with a specific listing of questions I shall explore. To visualise the context of the current position in which government has currently over-stepped the boundaries of the legitimate professionalisation of the discipline of Chiropractic I offer Tables 1, 3, & 4. The reports I document below have previously been explored. (6)


Some of the dates in the timeline from 2016 (Table 2) are based on documentation by Dr Amorin-Woods who has reported on the SCV inquiry. (15) The primary documents for this early part are the reports of government inquiries: *The Guthrie Report* (10 February 1960, Western Australia) (16); *The Teece Report* (23 January 1973, New South Wales) (17); *The Webb Report* (commissioned August 1974 (18) tabled 1977, Federal, Australia) (19); *The Ward Report* (10 September 1974, Victoria) (20); and *The Inglis Report* (26 January 1978, National, New Zealand). (21)

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8. Hall JR. Where history and sociology meet: Forms of discourse and sociohistorical inquiry. *Sociological Theory*. 1992;10(2):164-93.
 9. Garraghan GJ. *A Guide to Historical Method*. New York: Fordham University Press. 1946.
 10. Bucheli M, Wadhvani RD. *Organizations in Time: History, Theory, Methods*, published to Oxford Scholarship Online Jan 2014. URLs <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199646890.001.0001/acprof-9780199646890> and <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199646890.001.0001/acprof-9780199646890-chapter-13>
 11. Hockett HC. *The Critical Method in Historical Research and Writing*. New York: The Macmillan Company. 1955.
 12. Tosh J. *The Pursuit of History. Aims, methods and new directions in the study of history* 6e. London: Routledge. 2015.
 13. Kent C. Vertebral Subluxation: Semantic Pathology, Epistemic Trespassing, and Ethics. *J Philos Prin Prac Chiropr*. 2018:1-7.
 14. Zammito J. Ankersmit and Historical Representation. *Hist Theory*. 2005;44(2):155-81.
 15. Keating G, Amorin-Woods LG. Commentary on the 2019 Safer Care Victoria review of chiropractic spinal manipulation of children under 12 years. *Chiropr J Aust*. 2023;50:1.
 16. Guthrie HN. *Western Australian Honorary Royal Commission into Natural Therapy 1961*. Perth: Alex B. Davies, Government Printer. 1961.
 17. Teece JC. *Report of the Committee of Inquiry into the Question of the Registration of Chiropractors*. Parliament of New South Wales. 1975.
 18. The Editors. *In Memoriam: Professor Edwin Clifford Webb*. *Chiropr J Aust*. 2006;36:118-9.
 19. Webb EC (Chairman). *Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy*. Canberra: Australian Government Publishing Service. 1977.
 20. Ward HR, Chair. *Report upon Osteopathy, Chiropractic, Naturopathy*. Ordered by the Legislative Assembly to be printed, 27th November, 1975. Melbourne: CH Rixon Government Printer. 1975.
 21. Inglis BD (Chairman). *Chiropractic in New Zealand. Report of the Commission of Inquiry presented to the House of Representatives by Command of His Excellency the Governor-General*. Wellington: Hasselberg, Government Printer. 1979.

Table 1: 1945 to 1979 - Acts, Royal Commissions and Inquiries

1945, Western Australia: <i>An ACT to amend the Medical Act, 1894-1940 No. 22 of 1945</i>	<i>The Teece Report</i> (23 January 1973, New South Wales)
1949, South Australia: <i>An Act relating to Chiropractors as No. 26 of 1949.</i>	<i>The Ward Report</i> (10 September 1974, Victoria)
1955, New Zealand: <i>Chiropractors' Association Act 1955.</i>	<i>The Webb Report</i> (commissioned August 1974, tabled 1977, Federal, Australia)
<i>The Guthrie Report</i> (10 February 1960, Western Australia)	<i>The Inglis Report</i> (26 January 1978, National, New Zealand)

Table 2: 2016, 2019 - 'the events' leading to CBA interim advice

10 Jan 2016, Dr Rossborough posted a video showing the adjustment of a child across his knees. This case has been documented in the peer-reviewed literature (23) and is a legitimate, safe, practice, delivered as taught by an expert in the field. (34)	
1 May 2016: Cylie Williams complains to AHPRA re Rossborough video. Williams is not a trained Chiropractor, yet considered Rossborough's treatment to be 'incredibly dangerous'.	
6 May 2016, Victorian Health Minister wrote to AHPRA and the CBA seeking a crackdown on chiropractors performing 'unproven and potentially unsafe procedures on young children and infants'	
9 May 2016, CBA received a letter from a group of concerned chiropractors, which raised further concerns about Rossborough's conduct and/or performance.	
11 May 2016, AHPRA advises Dr Rossborough as a ' <i>Notice of proposed immediate action</i> '. The video was taken down.	
24 June 2016, Advice was tendered on request in response to the '7 Chiropractors' letter. It was from Dr Charles Blum, (46) an internationally respected Expert Chiropractor, stating ' <i>I did not note unusual forces that could be detrimental to the infant and in fact it appeared the adjustment was gentle, specific, and led to a positive outcome</i> ' and that ' <i>Dr Todds' call for "infants ... to be precluded from receiving a modified Gonstead type adjustment" was "unsupported by data on efficacy, comparison trials or current safety research"</i> . Blum noted ' <i>my viewing of this video does not lead me to conclude that anything wrong or inappropriate occurred in this case</i> '.	
	
20 February 2019, media blitz against a video placed on social media showing Dr Andrew Arnold responsibly performing the standard ' <i>Peiper-Isbert-reaction Test</i> ' to assess an infant's neurological development. This test is globally recognised and utilised throughout medicine. (27)	
8 March 2019, the then COAG Health Council (CHC) noted community concerns about spinal manipulation on children. Mikakos instructed Safer Care Victoria (SCV) to review the matter, singling out Chiropractors as an act of discrimination from physiotherapists, osteopaths, manipulative medics.	
14 March 2019, CBA issues an interim policy advising chiropractors against manipulating young children.	

Minister urges the public to report harm to children caused by Chiropractors

About 2 months after commissioning the *Safer Care Victoria* review Minister Mikakos issued a press release, date 22 May 2019, (22) in which she urged the public to report harm caused by Chiropractors treating children. The press release read in part:

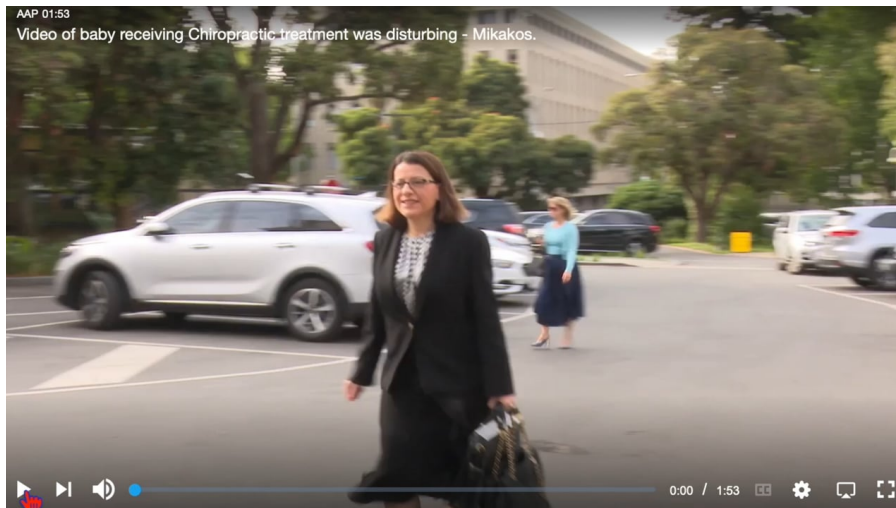
Now is the time for parents who have experienced the dangerous practice of child spinal manipulation to have a say and share their story. We won't rest until babies are protected from practices we know to be harmful, and that we can be sure children under 12 are not being exposed to harm. The risks of spinal manipulations on newborn babies outweigh any benefits, but more needs to be known about children under 12. We need a national approach and that may involve changes to the law if necessary. (22)

This appears to be a pre-determined position which would have served the reputation of the Minister better had she not released it. We must appreciate that the *Friends of Science in Medicine* (FSM) and Ken Harvey of Monash University (24) had the Minister's ear. Since 2011 FSM had lobbied the Chancellor and others of RMIT University to shut down what they called a 'faith healing course', the Chiropractic program, and were demanding statements from RMIT on 'The Vertebral Subluxation Complex, Vaccination, and Chiropractic for the treatment of ADHD, Asthma, allergies, bedwetting, colic and ear infection'. (25)

Nevertheless, a Minister should not make false claims without evidence, viz 'practices we know to be harmful' and 'The risks of spinal manipulations on newborn babies outweigh any benefits'. Nor should they presume that members of a registered health profession have actually caused harm.

This video suggests the Minister instructed Minter, Chair of the CBA, to issue a statement.

Mikakos had plenty to say 'on camera' about the matter. (26)



22. Premier of Victoria. Review Into Chiropractic Child Spinal Manipulation. Press Release 22 May 2019. <https://www.premier.vic.gov.au/review-chiropractic-child-spinal-manipulation>
23. Rossborough I, Hart C. Colic and infant birth trauma [Case Report]. *Asia-Pac Chiropr J.* 2021;1.3:Online only. www.apcj.net/rossborough-and-hart-infantile-colic/
24. FSM welcomes new President. Friends of Science in Medicine. 6 February 2019. <https://www.scienceinmedicine.org.au/2019/02/06/fsm-welcomes-new-president/>
25. email trail held by the author from 2011.
26. Mikakos statement to camera. AAP. 20 February 2019. <https://www.news.com.au/national/video-of-baby-receiving-chiropractic-treatment-was-disturbing-mikakos/video/034fe7fc98dbdf948688bcabd91372a5>

We know Rossborough's adjustment was delivered as taught by an expert in the field, Dr Neil Davies, and Arnold's *Peiper-Isbert-reaction Test* (27) was performed in the same manner as is commonly performed by specialist medical paediatricians. (28, 29) The test has particular ease of application and relevance in underdeveloped countries. (30) It cannot be considered 'harmful'.

On this basis alone the interim position of the CBA was entirely unnecessary and a strong Board Chair would have presented the facts to the Minister and stood for the integrity of practice as demonstrated in these 2 cases. Nevertheless the CBA Chair responded in a manner felt to demonstrate due responsibility and accountability.

The unknown matter here is, to whom specifically did the Board Chair respond? Was he improperly directed to respond by AHPRA under the pressure of a State Minister? Did he respond to the original complaint by Williams? Or to the letter of concern from 7 Chiropractors? Indeed, given the CBA typically can not originate a complaint for it to subsequently act on, was the letter from the Chiropractors solicited in any way?

This is the context for my contention.

Part 2 - Exposition: My arguments

- i. Prior to Chiropractic legislation being enacted for registration and professional practice, there were three Acts protecting the title of the profession. I give these in Table 3.

Table 3: Pre-Inquiry occurrences of chiropractic in legislation. From (6)

Source	Elements of Identity
1945, Western Australia: <i>An ACT to amend the Medical Act, 1894-1940 No. 22 of 1945.</i>	A profession that provided chiropractic advice and service using X-ray as a diagnostic aid.
1949, South Australia: <i>An Act relating to Chiropractors as No. 26 of 1949.</i>	'Chiropractic' means the system of palpating and adjusting the articulations of the human spinal column by hand only for the relief of nerve pressure. 'Chiropractor' means any person whose method of attention to the human body is confined solely to chiropractic. A chiropractor may use X-rays for the purpose only of producing shadow-photographs of the human spinal column.
1955, New Zealand: <i>Chiropractors' Association Act 1955.</i>	Protected title by preventing improper use of words implying membership of <i>New Zealand Chiropractors' Association Incorporated.</i>
<p>Summation: An identity of Chiropractic is palpation and adjustment of the spine to remove (possible) nerve interference (pressure) using X-rays as a diagnostic aid. Chiropractic is a health discipline recognised in law at the time of these Acts in 2 Australian states, and New Zealand.</p> <p>NOTE: Chiropractors are now established under National law as primary contact health care practitioners in each of Australia and New Zealand.</p>	

- 27. Biedermann H. *Manual Therapy in Children*. 1e. Elsevier. 2004. p. 100. <https://shop.elsevier.com/books/manual-therapy-in-children/biedermann/978-0-443-10018-5>
- 28. Zafeiriou DI, Tsikoulas IG, Kremenopoulos GM, et al. Using postural reactions as a screening test to identify high-risk infants for cerebral palsy: a prospective study. *Brain and Development*. 1988;20(5):307-11. <https://www.sciencedirect.com/science/article/abs/pii/S0387760498000369>
- 29. Samatha S, Maiya PP. Predicting Neuro-Developmental Outcome at 3 Months of Age in Babies with Hypoxic Ischemic Encephalopathy by Vojta's Neurokinesiological Examination. *Indian Pediatrics*. 1999;36:171-3. <https://www.indianpediatrics.net/feb1999/feb-171-173.htm>
- 30. Zafeiriou DI. Primitive reflexes and postural reactions in the neurodevelopmental examination. *Pediatric Neurology*. 2004;31(1)1-8. [https://www.pedneur.com/article/S0887-8994\(04\)00097-9/abstract](https://www.pedneur.com/article/S0887-8994(04)00097-9/abstract) and <https://www.slideshare.net/slideshow/review-vojta-diagnostic-the-pediatricneurologicaalexam-primativereflexespedneuro2004/11791965>

- ii. The Chiropractic profession in Australasia has been examined by five Government Commissions of Inquiry as I give in Table 4, with each inquiry making appropriate recommendations for registration, education, and government funded research in the discipline. (6)

Table 4: Formal Inquiries conducted in Australasia 1975 to 1979. From (6)		
Full title	Context	Known as...
Guthrie HN. <i>Western Australian Honorary Royal Commission into Natural Therapy 1961</i> . 1961.	Based on the practice of chiropractors trained in North America.	The Guthrie Findings
Teece JC. <i>Report of the Committee of Inquiry into the Question of the Registration of Chiropractors</i> . 1975.	A NSW Parliamentary Committee of Inquiry announced 18 January 1973 to report on the desirability of establishing machinery for the registration of persons practising Chiropractic in NSW: <i>Question of the Registration of Chiropractors ... and to recommend ... the qualifications necessary for registration</i> . A State inquiry.	The Teece Report
Ward HR, Chair. <i>Report upon Osteopathy, Chiropractic, Naturopathy</i> . 1975.	Commissioned by each House of the Parliament of Victoria, 10 September 1974, Ordered by the Legislative Assembly to be printed, 27th November 1975. A State inquiry.	The Ward Report
Webb EC (Chairman). <i>Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy</i> . 1977.	Established by the Federal Minister for Health of Australia in February 1974 by calling on Prof. Edwin C Webb to appoint an expert committee of inquiry to fully investigate and report on the practise of Chiropractic, Osteopathy and Naturopathy, especially the scientific bases of these practices, and the desirability of registering practitioners. A National inquiry.	The Webb Report
Inglis BD (Chairman). <i>Chiropractic in New Zealand. Report of the Commission of Inquiry</i> . 1979.	On 24 January 1978 Keith Holyoake, Governor-General, New Zealand, issued an Order in Council to inquire into the desirability of providing health benefits ... in respect of the performance of Chiropractic services. A National inquiry.	The New Zealand Royal Commission (Inglis Report)
<p>Summation: Collectively these 5 government inquiries in Australasia represent strong evidence of the legitimacy of Chiropractic and provide a formal record of the professional identity of Chiropractic as it emerged over 18 years. They document the status of training programs in Australasia both leading up to and during early period of Chiropractic in Australia.</p> <p>The Webb Report is the pre-eminent report from which legislation and registration flowed. Chiropractors were recognised as being competent to manipulate the human spine; any need for medical referral was briefly noted and firmly rejected, especially by Inglis. A conveniently overlooked recommendation from Webb is 'that the Australian Government make available an annual sum of \$200,000 [in 1977 dollars, \$1.4 Million today] for the support of research projects related to the maintenance of health or treatment of disease by chiropractic manipulation ...' (p. 207) The recommendation for funded research was also made by the New Zealand Royal Commission. (p. 177)</p>		

The Webb inquiry accepted and acknowledged curricula from selected Chiropractic Colleges in the USA which included paediatrics as courses and made no hint of any differentiation in the application of manipulation to humans by age, nor did any of the other Inquiries.

The question of 'age' in general, and children in particular, is a recent line of attack by Political Medicine, unknown in any other jurisdiction. Notwithstanding this, Chiropractors have long recognised that paediatric care is deserving of a high level of refined clinical technique and to this end the subdiscipline, Chiropractic Paediatrics, has two peer-reviewed journals (31, 32) and several highly reputable textbooks (33, 34, 35) giving extensive coverage to the nuances of the field.

At one time RMIT University delivered a *Master of Chiropractic Paediatrics*. Currently, a *Master of Chiropractic (Paediatrics)* is awarded by *Ulster University* (36) for an accredited program delivered by *McTimoney College of Chiropractic*. (37)

iii. The safety record of Australian Chiropractors with Children as found by SCV.

This matter has been adequately covered by Keating and Amarin-Woods in what I consider a reasonable interpretation of the SCV Report (38) and its failings. (15) They found that although the initial terms of reference alluded to High Velocity Low Amplitude (HVLA) technique, this was not the procedure that initially concerned the Minister. In fact, there is relatively little emphasis on those procedures in the report with the technique itself not being evaluated nor being an initial requirement of the Inquiry. This could be seen as unprofessional governance by the Minister.

The review evolved into incorporating other professions, and other techniques, not related to HVLA. The report seemed to regard all manipulative techniques except joint mobilisation as an HVLA technique.

Keating and Amarin-Woods reported 'There were 29,599 online submissions received from across Australia, making it the largest survey of this kind. There were no reports of physical, mental, or financial harm to a child derived from this robust process'.

The authors concluded '*While it has strengths, the SCV report is also flawed, and its final recommendations should be viewed with caution. The Cochrane Review within the report adds little to the body of knowledge or clinical practice for chiropractors managing children under 12*'.

This is not the only caveat; on finding no evidence of harm, the Report has been spun by various others to the matter of efficacy. If the evidential standards for Chiropractic procedures demanded by medicine were applied equally to medical procedures, many would also be found wanting. It is foolish for political medicine to play this card.

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31. Journal of Pediatric, Maternal & Family Health Chiropractic. McCoy Press. <https://vertebralsubluxationresearch.com/the-journal-of-pediatric-maternal-family-health-chiropractic/>
 32. The Journal of Clinical Chiropractic Pediatrics (JCCP). Home. <https://jccponline.com/>
 33. Claudia A. Anrig, Gregory Plaughter. Pediatric Chiropractic. Wolters Kluwer. 2022. https://books.google.com.au/books/about/Pediatric_Chiropractic.html?id=VflgEAAAQBAJ&redir_esc=y
 34. Neil J. Davies, Joan Fallon. Chiropractic Pediatrics: A Clinical Handbook. 2e. Churchill Livingstone. 2010. https://books.google.com.au/books/about/Chiropractic_Pediatrics.html?id=A9tfDwAAQBAJ&redir_esc=y
 35. Stephen P. Williams. Pregnancy and Paediatrics: A Chiropractic Approach. 2005. <https://www.academyoffunctionalpediatrics.com/ebook>
 36. MScChiropractic (Paediatrics). Ulster University. <https://www.ulster.ac.uk/faculties/life-and-health-sciences/health-sciences/chiropractic/programmes/msc-chiropractic>
 37. McTimoney College of Chiropractic. MSc Chiropractic Paediatrics. <https://mctimoney-college.ac.uk/study/postgraduate-course/msc-chiropractic-paediatrics/>
 38. Safer Care Victoria. Chiropractic spinal manipulation of children under 12. [Report] <https://www.safercare.vic.gov.au/best-practice-improvement/publications/chiropractic-spinal-manipulation-of-children-under-12>

On the matter of evidence

The hypocrisy of the *The Royal Australian College of General Practitioners* (RACGP) regarding clinical evidence is galling. In a letter dated 21 June 2019 to the SCV Panel Chair, the President of the RACGP stated '*The international peer reviewed literature strongly indicates that the risks of chiropractic care to children and adolescents far outweighs any health benefits and that the evidence-base for chiropractic care for children and adolescents is scarce and of poor quality. A recent (2018) systematic review and meta-analysis reported the evidence of any significant benefit of spinal manipulation in infants to be low, due to the low quality of the reviewed studies*'. (39)

A year prior (2018) the *Australian Journal of General Practice* reported (40) '*As detailed in The Royal Australian College of General Practitioners' (RACGP's) practice standards, "in the absence of well-conducted clinical trials or other higher order evidence, the opinion of consensus panels of peers is an accepted level of evidence and may be the best available evidence at that time"*'.

The current (early 2025) RACGP Practice Standards 5e, (41) state:

The [Evidence-based] Standards are based on the best available evidence of how general practices can provide safe and quality healthcare to their patients.

This evidence is based on two sources:

- Relevant studies
- Level IV evidence (where studies are not available). Level IV evidence is otherwise known as evidence from a panel of experts.

On what basis does the President of the RACGP fail to extend this understanding to the practice of Chiropractic? Why does he allow his professional colleagues to condemn a parallel health discipline? (42)

The SCV Report was presented on 1 November 2019 to COAG which has since dissolved and now exists as HMM.

The videos

- iv. the act by a Chiropractor self-promoting on social media with a video of child treatment which I compare directly with a video of that technique as taught to that Chiropractor showing the technique was undertaken as taught, and safely

and

- vi. a second video of an appropriately performed, safe, and standard *Peiper-Isbert-reaction Test* which caused conniptions stirred by political medicine in the Victorian Health Minister regardless of the test shown being a standard and well-accepted test used in medical paediatric care

First I present a copy of the video posted on social media by Ian Rossborough and replayed in numerous television reports of the matter. This clip is taken from one such news report (then as Fairfax Media). Notice the politically motivated '*warning to viewers*'. Also note the incorrect attribution to Dr Rossborough as a '*Chiropractic*'.

It is evident to a trained Chiropractor that the forces and the degree of spinal extension used by Rossborough were modified to be more deliberate, specific, and gentle than those demonstrated by

39. Harry Nespolon. President RACGP. Letter to SCV Panel Chair. 21 June 2019.

40. Margolos S. Evidence-based medicine. *Australian Journal of General Practice*. 2018;47(6). <https://www1.racgp.org.au/ajgp/2018/june/evidence-based-medicine>

41. RACGP. Practice Standards, 5th edition. <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/introduction-to-the-standards-for-general-practice/evidence-based-standards>

42. Woodley M. No evidence for 'reckless practice' of manipulating infant's spine: GP. *News GP*. 21 February 2019. <https://www1.racgp.org.au/newsgp/clinical/no-evidence-for-'reckless-practice'-of-manipulatin>

Dr Davies and are certainly well within all clinical parameters of safety. This is explained by Dr Davies *demonstrating* motion palpation with mild but safe exaggeration for effect to students. Motion palpation is a diagnostic method for identifying possible spinal subluxation and in this case, for the child's whole spine, while Rossborough had identified the subluxation by localised palpation and then delivered an appropriate adjustment of minimal 'force'.

I contend there is no material substance in the letter from a septet of Chiropractors.

Video 1: The reality of infant palpation and spinal adjustment



Training video of infant palpation by renowned Chiropractic expert Dr Neil Davies



The second video of relevance is again showing excellent and thoughtful care, this time from Dr Andrew Arnold. Notice that as with Dr Rossborough, he engaged the parents, explained what he was proposing, and showed what he was doing. He most certainly did not manipulate this infant.

Out of ignorance Mikakos panicked at the provocation of political medicine, probably from a spokesperson for the RACGP based on the letter I have cited, and went full commando to order the SCV inquiry. Disappointingly for her and her medical protagonists, SCV found no evidence of harm. To complete the circle the RACGP should have acted ethically and explained the *Peiper-Isbert-reaction Test* in terms the Minister, a lay person, could understand. After-all, it is a test reasonably expected to be performed by a General Medical Practitioner and is used globally within medicine.

However it must be noted that the *Australian College of Chiropractic Paediatrics* describes it and presents contraindications, to its use. (43) I note that Chiropractors are the only professional group listing cautions and contraindications, I could find none in the literature for medicine.

I note that Dr Arnold was proficient in the performance of the *Peiper-Isbert-reaction Test* taking just seconds to identify the level of subluxation indicated by the neurological imbalance shown by the test and then smoothly proceeded to adjust the infant with gentle instrumentation. If only medical care could be so gentle. Clinicians can read more [here](#).

Video 2: Dr Arnold applying then acting on the Peiper-Isbert-reaction Test



So what is the problem?

At this point in my analysis we have two experienced Chiropractors providing safe and effective care and an exhaustive and rather expensive *Safer Care Victoria* report which failed to identify any reports of harm associated with the care of children by Chiropractors.

The evidence points to political interference by medicine, a dishonourable behaviour which I see as a continuance of medicine's *Iowa Plan* about which this Journal has reported. (44) This plan is simple, eliminate Chiropractic as competition to financially benefit the practice of medicine.

The lesson for the HMM is that medical advice is tainted by a dire combination of ignorance about Chiropractic (which could be resolved by including an experienced Chiropractor as an advisor), a blind spot to medicine's own lack of evidence-based practices, and a spiteful bile against a highly-trained and fully registered health profession.

Ministers must act to ensure the advice they receive is fair and honest to avoid being exposed to embarrassment in the manner of Ministers Hennessey and Mikakos.

43. Policy: Using the infant inversion test. Australian College of Chiropractic Paediatrics. Dated 25 February 2019. <https://accp.asn.au/Policy-on-Infant-Inversion-Test>

44. The Iowa Plan. Several perspectives and the actual plan. <https://www.apcj.net/page/bonus-iowa-plan/>

About Minister Hennessy

At this time it is not known what was written in Hennessy's letter to the CBA however Allison Worrall, a reporter for *The Age* newspaper, wrote on 6 May 2016 that '*Ms Hennessy said she was left "physically shaken" after viewing the YouTube video of Ian Rossborough manipulating a premature baby's spine*'. (45) This is a surprising admission from a politician who has survived their party's brutal pre-selection processes and the general argy-bargy of any party's political machinery. It is reported that Ms Hennessy '*called for urgent action against rogue chiropractors amid outrage over the manipulation of babies' spine*'.

It is clear Hennessy was swayed by medical voices as the reporter noted '*Doctors have led a chorus of concern about the safety and efficacy of chiropractic procedures after a video surfaced online showing a Melbourne chiropractor manipulating a newborn baby's spine to treat colic and reflux*'. (44)

Minister Hennessy wrote to '*AHPRA and the CBA seeking a crackdown on chiropractors performing "unproven and potentially unsafe procedures on young children and infants"*'. Clearly those advising the Minister failed in their duty to report that the practices shown on social media were indeed regular and safe practices, delivered as taught and in one instance, Arnold's, remain a common procedure in the medical field.

Hennessy offered a news-worthy distraction which was not picked-up by the media, by saying '*It's also reprehensible that chiropractors would pedal anti-vaccination myths outside their scope of practice*'. The Minister's problem with this assertion is that she accepted general medical practitioners acting outside their scope of practice by critically commenting on a clinical procedure in which they are untrained.

My final point demonstrates how medicine discriminated against another registered health practice thus '*The Royal Australian College of General Practitioners has told its members to not refer patients to chiropractors and has called for the federal government and private health insurers to stop paying them for questionable treatments*'. (45)

The more important matter that should be exercising the mind of the Federal Minister is cost containment by better integration of Chiropractors into primary care. It is entirely unacceptable for medicine to maintain its discrimination by locking out the Chiropractic profession to prevent their contribution to improving health for all Australians.

- vii. the letter of complaint about this video written to the CBA by 7 Chiropractors which is clear evidence the profession is capable of self-policing even if the authors of this complaint failed to understand the Chiropractic adjustment in a child

The fact that 7 Chiropractors gathered to write a letter of concern is a healthy indicator that the Chiropractic profession in Australia is entirely capable of policing itself. The existence of the letter and the relationships of the authors is another matter which was not well known until now.

The fact that the CBA quickly reacted to it in just days, together with the Williams complaint (1 May 2016) in which she averred she was the patient, and the Minister's letter (6 May 2016) (44) is also a testimony to the rapid-response the Chiropractic profession produces when a matter of purported seriousness is concerned. This evidence does not allow HMM to think that Chiropractors are weak when it comes to policing their own.

The letter from 7 Chiropractors

As noted this letter is sourced from the public domain and my tests of it, as an historian, give me a high degree of confidence that it is a genuine artefact. Two of the authors have personally confirmed to me that they were signatories, and a third source dates it as about 9 May 2016. The letter itself is undated, suggesting it was rushed.

45. Worrall A. Victorian Health Minister Jill Hennessy orders crack-down on 'rogue' chiropractors. *The Age* [Newspaper]. 6 May 2016 4:24pm published at 8:38am. <https://www.theage.com.au/national/victoria/victorian-health-minister-orders-crackdown-on-rogue-chiropractors-20160506-gonptr.html>

What did the Chiropractors claim about Rossborough to the CBA?

Amongst other phrases, the authors noted:

As you are aware, chiropractors are educated and trained to manage and provide care to people across the human lifespan, and literature demonstrates the risk of adverse events for chiropractic care of infants and children is rare [1].

The citation given is the incomplete doctoral work of Todd (46) and is misleading by suggesting there are rare instances of adverse events associated with Chiropractic in the literature. Todd actually concluded '*no deaths associated with chiropractic care were found in the literature to date* (45) and could well have stated this in the letter. It continues:

In the case of the treatment provided in this video, [referring to Rossborough] it appears the force used in the adjustment was not appropriately modified for the neonate and we have concerns regarding the spinal extension position of the neonate for the adjustment. To the best of our knowledge the forces applied and technique used in the video are not taught by accredited chiropractic programs or in any recognised post-graduate training seminars.

The phrase '*it appears the force ...*' should have been a flag to the Chair of the Board to investigate its veracity. As I have shown in this analysis the parameters (depth, speed, specificity, contact hand, segmental contact points, line of drive) used by Dr Rossborough were safe and acceptable.

This is not only my opinion, it is that of an internationally respected Expert Chiropractor Dr Charles Blum who, in a requested report on the Rossborough matter, (47) stated:

The video appears to show a modified Gonstead adjustment of T5 in an infant. There appeared to be clinical correlations and palpatory findings with pre and post adjustment assessments appropriate for the infant and treating physician. I did not note unusual forces that could be detrimental to the infant and in fact it appeared the adjustment was gentle, specific, and led to a positive outcome.

As for Todd's assertions, Blum stated:

Any recommendation by Dr. Todd that infants are to be precluded from receiving a modified Gonstead type adjustment because it involves an HVLA approach appear to be unsupported by data on efficacy, comparison trials or current safety research.

Blum concluded:

As an SOT practitioner, my viewing of this video does not lead me to conclude that anything wrong or inappropriate occurred in this case. I was quite impressed with the adjustment and pre and post assessments. The patient's outcome following one week suggested the temporal relationship between the treatment rendered and patient's subsequent response was related. It appears that a careful examination was performed, informed consent was obtained with the parents present, and patient's age was considered during assessment and treatment.

A second misrepresentation in the Chiropractor's letter occurred with the blatantly incorrect statement:

the forces applied and technique used in the video are not taught by accredited chiropractic programs

46. Todd AJ, Carroll MT, Robinson A, Mitchell EKL. Adverse Events Due to Chiropractic and Other Manual Therapies for Infants and Children: A Review of the Literature. *J Manipulative Physiol Ther.* 2015 Nov-Dec;38(9):699-712. DOI 10.1016/j.jmpt.2014.09.008.

47. Blum CL. To whom it may concern [Report on Rossborough video]. 24 June 2016. Held in the library of the author.

I find this assertion egregious given the claimed roles in education held by most of the authors. I have given an extract of a teaching video by Dr Davies which was extensively used as a learning object in an accredited program of Chiropractic education, and in particular the very program taken by most signatories, the *Phillip Institute BAppSc(Chiropr)*. All would have been exposed to this learning object had they attended all compulsory practical sessions.

The authors continue:

The undersigned are educators in accredited chiropractic programs and/or researchers and/or provide chiropractic paediatric continuing professional educational material. It is in this capacity that we respectfully request that the Board reviews the video and considers action such as counselling the practitioner in question on best practice approaches relating to the care of infants and children. We also suggest it is not in the public interest to have the video publically [sic] accessible on YouTube'.

I concur strongly that '*it is not in the public interest to have the video accessible on [social media]*' However the authors disclose their vested interest by stating '[we] *provide chiropractic paediatric continuing professional educational material*'. This leads me to think that they are acting to create a market for their own post-graduate or continuing education products which of course, come at a considerable cost. Worse, they seem to want to shift the discipline from its founding premise of spinal adjustment by hand (Rossborough) and now at times with instrument (Arnold).

Empirically there seems to be one or two strongly established providers of such additional education in the field of Chiropractic paediatric care, and several others trying to create a new market for their own products. Of course, should a professional association such as the *Australian Chiropractors Association (ACA)* or indeed a regulator such as the CBA, decide that in order for a trained Chiropractor to see children they must have completed an additional qualification at their own cost, then all providers of such content would receive a strong financial return.

There are two significant impediments to any such proposition:

1. it would be impossible to police and would represent a drastic and unwarranted incursion on the legal right of a registered Chiropractor to provide their services to all who required them across the lifespan. The existing social licence for Chiropractors in Australia allows full access and every politician knows that an established social licence is not easily reversed; and
2. the *Council on Chiropractic Education Australasia (CCEA)*, which holds the non-competitive contract with the CBA to certify pre-professional education in Australia and New Zealand, is adamant in its program standards that institutions must graduate Chiropractors who are competent across the lifespan. Institutions would rightly be significantly disaffected if the 'lifespan' became limited to an 'age-span'. It has been noted that formal accreditation of education is one means of establishing a profession's scope of practice. (48)

Determining an age before which a member of the public is restricted from approaching for Chiropractic care is draconian and fraught with intricate challenges. Any such limitation must be evidence-based and the evidence is strongly favourable for Chiropractic-care at all ages.

It is here that medicine's efficacy argument comes into play, and fails all tests of public propriety in that the State is not paying for Chiropractic Care and it would be a brave Minister indeed who would tell members of the public that in spite of the evidence for safety, he or she did not want parents to take their child to a Chiropractor at their own expense. In other words, the State would dictate your choice of health provider. To use an Australian colloquialism, it would not pass the pub test.

48. Wiggins D, Downie A, Engel R, et al. Factors that influence scope of practice of the chiropractic profession in Australia: a scoping review. *Chiropr Man Therap*. 2022;30(1):19. DOI 10.1186/s12998-022-00428-2.

The septet of authors of the letter to CBA

I give the authors in the order in which they appear as signatories to the letter.

Dr Genevieve Keating, BAppSc(Chiropractic), DACNB, PhD

At the time of writing Dr Keating is also an elected member (a Director) of the Board of the ACA. The Board of the ACA is known to have considered this matter in a variety of contexts over several years. Dr Keating is also Director of *Inspirational Resources*, a provider of 'seminars to expand and develop Chiropractors skillset and understanding of infants and children'. (49) Keating is soliciting interest in her seminars for 2025. (49)

Dr Angela Todd, BAppSc(Chiropractic), Grad Dip (Chiropr Paeds), Dip Chiropr NeuroDev Paeds, PhD-level training

At the time of writing Dr Todd is also an elected member (a Director) of the Board of the ACA. The Board of the ACA is known to have considered this matter in a variety of contexts over several years. Dr Todd states (50) she has a special interest in the Post Graduate training of the care of infants and children and that she is a Board member of the *College of Chiropractic Paediatrics*, a claim I cannot verify but may have been true at the time. The directory of the *Australian College of Chiropractic Paediatrics* (51) does not list her, not even as a member (January 2025).

Dr Neil J Davies, DC, Course leader MSc(Paeds), BPP University London

Dr Davies is the noted author of a most comprehensive textbook on *Chiropractic Paediatrics* (32) and has many years experience of developing learning objects at under- and post-graduate levels within Chiropractic Education in general, and paediatrics in particular. He is a technique expert.

Davies has developed and teaches the *NeuroImpulse Protocol*, (52) a technique approach to be used with babies that is said to be precise neurologically, but extremely gentle in its application.

I note that on 2 December 1988 the *Australian Physiotherapy Association* and the *Australian Medical Association* apologised in *Australian Doctor* (p. 17) for 'statements they made about Dr Davies treatment of neck problems in infants'. (53) Without qualification they accepted that his therapeutic intervention was 'not manipulation'.

Dr Glenn Maginness, BAppSc(Chiropr), MCSc(Paeds)

Dr Maginness is Program Director and Co-Producer for *Elevate Paediatrics, Chiropractic 4 Kids* (54) and has one of the largest infant, child and family focused practices in Australia, with six chiropractors providing care to children and families. Since 2003 he has seen only children as patients.

I declare I have published with Dr Maginness. (55)

Dr Carmel Whelan, BAppSc(Chiropr), MCSc(Paeds)

Dr Whelan delivers paediatric and pregnancy care from *Chiropractic Alchemy, Transformative Chiropractic*. (56)

49. Genevieve Keating. Inspirational education for chiropractors. About. <https://www.inspiralresources.com/about-us>

50. Dr Angela Todd, Director. Todd Clinics. <https://toddclinics.com.au/team/dr-angela-todd/>

51. Australian College of Chiropractic Paediatrics. Directory. January 2025. <https://accp.asn.au/find-a-practioner>

52. NeuroImpulse Protocol. About. https://youtu.be/OVOBYOxK8Bw?si=_zKP4aAGj0Ufxp4q

53. News Brief. The Australian Doctor. 2 December 1988, p. 17. Held in the author's library.

54. Elevate Paediatrics, Chiropractic 4 Kids. Home. <https://elevatepaediatrics.com.au/meet-the-program-director/>

55. Rome P, Waterhouse J, Maginness G, Ebrall P. Medical management of Infantile Colic with spinal manipulation: A comparative review of the European Medical Literature. *J Contemp Chiropr* 2019;2:60-75.

56. Chiropractic Alchemy, Transformative Chiropractic. Home <https://chiropracticalchemy.com/about-us/>

Dr Rosemary Keating, BAppSc(Chiropr), MChiroprSc(Paeds), DACNB

Dr Keating is a Master Practitioner of Neuro Linguistics, and is an NLP certified coach. Currently she is developing 'Global Groove', programs for professionals and public alike that unite Neuroscience, Heart Connection and Life Inspiration. (57)

Dr Braden Keil, BAppSc(Chiropr), MChiroprSc(Paeds), FICC

Dr Keil is the author of the world's first full time *Fellowship program in Chiropractic Paediatrics*. From 2004 to 2008 Dr Keil lectured on paediatrics to students in the RMIT Chiropractic pre-professional program. (58) Dr Keil developed and wrote Australia's first 2 year post graduate *Diplomate in Chiropractic Paediatrics* program (59) which is currently taught to Chiropractors Australia-wide.

There is no need for further comment on the authors listed here however for the benefit of the Minister I will iterate my point that this impeccable list of clinical experts in the field has, in this instance, acted as a very effective 'policeman' of a professional behaviour by one Chiropractor.

- viii. the conduct of the *Safer Care Victoria Inquiry* as a review of chiropractic manipulative care for children under 12 years of age. I ask why its commissioning brief was changed from 'safety' to 'clinical effectiveness' as the report was being finalised and indeed, whether or not its findings may have been altered.

There is little for me to add which has not been covered elsewhere (15) by the punctilious Amarin-Woods. He has noted that '*the inquiry directly questioned its own relevance when explaining why it found so little evidence of harm*'.

He has also pointed out that '*There is a significant error of transcription on pages 2 & 25 of the report and the Cochrane Review pages 2 & 35, which states: "These studies reported rates spanning one minor treatment aggravation per 1812 consultations to one cerebrovascular incident in 20,000 visits."*' The incidence quoted of 1:20,000 should read 1:120,000.

Here found two significant issues with the SCV Report:

- ▶ The report and Cochrane Review failed to define spinal manipulation (SMT) accurately or consistently, or cite a primary source, and thus poor framing of the research question may have led to subsequent methodological deficiencies; and
- ▶ Data from consumers was disregarded in the final recommendations.

Amarin-Woods also noted that '*There was significant controversy at the end of the review process. The draft report was circulated to the panel for review and comment. The final report was not shared with the panel before it was released publicly by the Minister. The questions of the independence of the review and the controversy surrounding the report were raised in Victorian parliament by Mr Tim Quilty MP on 14th November 2019*'.

I come to this matter shortly and my interpretation is that the report as last seen by members of the panel had a significantly different age given as opposed to the 'released' age of 12y, effectively suggesting the panel recommended manipulation as not a good idea for any child under 12. It seems

57. Rosemary Keating.. Inspiral education for chiropractors. About. <https://www.inspiralresources.com/about-us>

58. Braden Keil. About. <https://www.chirochildhealth.com.au/bradenkeil>

59. Chiropaeds academic team. <https://www.chiropaeds.com.au/chiropaeds-team>

'somebody' with an agenda manipulated the final findings and changed this age. Obviously I emphasise this is 'hearsay' and I do not implicate any member of the panel.

Perhaps the Minister finally did get the outcome she wanted. However it was not long until Mikakos 'turned on [her Premier] Daniel Andrews in a final submission to the hotel quarantine inquiry, warning the "premier's evidence should be treated"with caution'. (60) Key unions accused her of 'breathhtaking incompetence'. (61) She was called out as 'smug and arrogant' by David Davis, (62) a senior politician within the opposition party of Victoria who was trained as a Chiropractor. (63)

Amorin-Woods' conclusion is worth noting when he stated:

That said, the profession should certainly take heed of the need to build the evidence base for the management of people with conditions beyond musculoskeletal, and the management of children highlighted by these inquiries.

Part 3 - Critical discussion

This Part of my analysis will be brief as I have presented much detail above. I shall align my discussions with the 7 point structure given on pages 2 & 3.

- i. the fact that prior to Chiropractic legislation being enacted for registration and professional practice, there were three Acts protecting the title of the profession (Table 1) (6)

No other Australasian health profession has been subjected to as much detailed probing and formal investigation as Chiropractic. This includes not only 2 Royal Commissions (Australia, New Zealand) but also in America with global implication, what is known as '*The Wilk Trial*' which can be summarised as an antitrust finding against medicine. Judge Getzendanner issued her opinion that the AMA (US) had violated Section 1, but not 2, of the Sherman Act, and that it had engaged in an unlawful conspiracy in restraint of trade '*to contain and eliminate the chiropractic profession*'. (*Wilk v. American Medical Association*, 671 F. Supp. 1465, N.D. Ill. 1987). (64) Keith Simpson has assiduously documented the *Australian Medical Associations'* of the American *Iowa Plan* within Australia. (65)

The Victorian kerfuffle over two videos, each showing safe and appropriate Chiropractic practice, was sensationalised by the *Friends of Science in Medicine* then blown-up in the media to create a costly exercise in funding the *Safer Care Victoria Inquiry* which found no reports of harm.

It is unethical for antagonists of Chiropractic to debase the findings by switching to claims of there being no evidence of clinical efficacy. To that nonsense suggestion I make two comments:

- i. medicine needs to be careful about getting into any argument over evidence for efficacy and must take heed of its own advice given by the RACGP in its practice standards that '*in the absence of well-conducted clinical trials or other higher order evidence, the opinion of consensus panels of peers is an accepted level of evidence and may be the best available evidence at that time*'. (39, 40) Chiropractic more than meets all required standards of care for a health profession as Blum's report (47) on Rossborough demonstrate. The call by political medicine

60. Zagon C. Jenny Mikakos turns on Daniel Andrews in bombshell hotel quarantine submission. Nine News. 9 October 2020. <https://www.9news.com.au/national/jenny-mikakos-turns-on-daniel-andrews-in-bombshell-hotel-quarantine-submission/a838f5ac-d1cf-4948-b151-4ac49906ff72>

61. Sky News. Mikakos accused of 'breathhtaking incompetence' and urged to resign 24 September 2020. <https://www.skynews.com.au/australia-news/mikakos-accused-of-breathhtaking-incompetence-and-urged-to-resign/video/8344853aa9fa48cce390e84c4b023bf1>

62. Jenny Mikakos called out as 'smug and arrogant' for refusing to answer questions during parliament. The Greek Herald. 5 August 2020. <https://greekherald.com.au/news/jenny-mikakos-called-out-as-smug-and-arrogant-for-refusing-to-answer-questions-during-parliament/>

63. David Davis. Wikipedia. [https://en.wikipedia.org/wiki/David_Davis_\(Australian_politician\)](https://en.wikipedia.org/wiki/David_Davis_(Australian_politician))

64. Justia US Law. <https://law.justia.com/cases/federal/district-courts/FSupp/671/1465/2595129/>

65. Simpson KJ. The influence of political medicine in the development of the Chiropractic profession in Australia. [Thesis]. University of Queensland. 8 July 2002.

for Chiropractors to produce 'double-blind, placebo-controlled studies on sick children is both illegal and immoral'. (66)

and

- ii. the patient, and in the case of children their parents or guardians, are the arbiters of clinical effectiveness. They test the clinical efficacy of Chiropractic every-time they put their hand into their own pocket to pay for an expected beneficial result. The overwhelming number of such positive reports in response to SCV's call for such is a testimony of the effectiveness that has more evidential power than any expensive randomised double-blind clinical trial which, incidentally, is unethical to undertake when it is known that the intervention has a positive effect especially with children.

It must also be remembered that medical practitioners are not peers of Chiropractors except in the rare exception where one is trained fully, and currently registered in both disciplines. Any assumed moral superiority by medicine is non-existent in today's society. What is more, as shown by the letter by 7 Chiropractic peers, the Chiropractic profession has an adequate depth of clinical wisdom with differing interpretations to safely manage its own affairs.

- ii. the fact that the Chiropractic profession in Australasia has been examined by five Government Commissions of Inquiry (Table 4) each with appropriate recommendations for registration, education, and government funded research in the discipline; (6)

This point is a continuation of (i) above and begs the question why any sane person would think there could be benefit in any further inquiry or unsubstantiated age limits. Chiropractic is established in up to 200 countries globally, with nearly 50 or so having specific legislation to effect Chiropractic as a primary-contact health profession for all ages. There is no justification for thinking Australia should be an exception and most certainly no sensible reason to hold a third Royal Commission in matters such as scope of practice.

Elsewhere (67) I argue that Chiropractic holds strong social licence to provide manual correction of spinal lesions, or subluxations. I show it is an expectation of the public to receive such treatments from a trained and registered Chiropractor. The literature is definitive on scope of practice (48, 68) and the professional identity (6, 69, 70, 71, 72) of both Chiropractors and their discipline of Chiropractic.

66. Ellis WB. In: Lizette Botha. Bruce Ellis: Falling in love with Chiropractic. Episode in, The Chiropractic Elders Podcast. 2024. <https://podcasts.apple.com/au/podcast/bruce-ellis-falling-in-love-with-chiropractic/id1718133963?i=1000671458648>.

67. Ebrall PS. A philosophy of Chiropractic. 2024. p. 293. XLibris. ISBN 979-8-3694-9688-6 Softcover, 979-8-3694-9687-9 eBook

68. Rosner AL. Chiropractic identity: A neurological, professional, and political assessment. J Chiropr Humanit. 2016;23(1):[http://www.journalchirohumanities.com/article/S1556-3499\(16\)30002-X/fulltext](http://www.journalchirohumanities.com/article/S1556-3499(16)30002-X/fulltext)

69. Ebrall P. The conventional identity of chiropractic and its negative skew. J Contemp Chiropr. 2020;3(1):111-26. URL <https://journal.parker.edu/index.php/jcc/article/view/>

70. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. Chiropr Hist. 2020;40(1):49-71.

71. Glucina T, Gaskin H, Fox M, et al. Practice characteristics of New Zealand chiropractors: A 2019 survey. Asia-Pacific Chiropr J. 2021;1.3. apcj.net/glucina-et-al-demographics-new-zealand/

72. Glucina T, Krägeloh CU, Farvid P, et al. Moving towards a contemporary chiropractic professional identity. Complement Ther Clin Pract. 2020 May;39:101105. DOI 10.1016/j.ctcp.2020.101105.

- iii. the remarkable safety record of Australian Chiropractors with Children as found by SCV

It is not the fact of there being well-over 20,000 reports from members of the public expressing satisfaction with the care received that is worth noting, rather it was that which was not reported that really matters.

Remember, these members of the public wrote in response to a Minister's call for evidence of harm by the SCV. In a move which was completely out of Parliamentary order the Minister of the day also encouraged the public to report '*cases of harm*'.

The deeply significant point to make is that there were no reports of harm. This reinforces the findings from the literature and allows the conclusion that adverse events are too rare to be meaningfully measured.

- iv. the act by a Chiropractor self-promoting on social media with a video of child treatment which I compare directly with a video of that technique as taught to that Chiropractor showing the technique was undertaken as taught, and safely.

No matter how good an individual Chiropractor thinks they are, and no matter any ambition to become a Chiropractic version of 'Dr Phil' or other social media veneer, it is most unwise to record oneself providing care for the purpose of self-promotion, for that is all it is.

Chiropractors must completely cease placing videos on social media of them at work. Whenever I see such a travesty I think to myself '*would a gynaecologist or proctologist show themselves at work?*' The most effective deterrent would be for every well-trained Chiropractor to post a comment on any such post and be critical of the technique shown and perhaps of the person showing it. Sooner or later the message will sink in.

- v. the letter of complaint about Rossborough's video written to the CBA by 7 Chiropractors is clear evidence the profession is capable of self-policing even if the authors of this complaint failed to understand the Chiropractic adjustment in a child

This point worries me. On the one hand it is a powerful testament to the keen ability of the Chiropractic profession to be self critical. I have previously noted this is indicative of the profession's ability to police itself, especially with Level IV evidence, the RACGP's '*expert opinion*'. (40, 41)

On the other hand I worry that Todd admitted in person to me she only '*felt*' the forces were excessive, more an emotional expression than a technical criticism. We have Blum's expert opinion showing Todd expressed a nonsense. Emotion should never be a driver for attacking a colleague.

Dr Neil Davies said to me that he had concerns with technical aspects of the care shown, and I accept that, although regrettably the optimal level of finesse has been '*lost in translation*'.

I worry that a number of the signatories may have their own agendas to advance and it is known at 'ground level' that a group of Chiropractors with training in paediatrics is actively lobbying to introduce a requirement for Australian Chiropractors to hold certification of further training in paediatrics to be able to accept a child in their practice for care. I most certainly hope that none of the signatories is involved in such a reprehensible and regressive proposal. The bottom line is two-fold:

- a. certification of competency at graduation from a CCEA-accredited college, and presumably from other colleges acknowledged through reciprocal accreditation, is specific to demonstrate competency with patients across the lifespan. Further training may be nice to have but it must certainly not be mandated with the caveat that accrediting bodies do their job thoroughly. The

evidence I have reported regarding the CCEA's variance in accrediting the RMIT program tells me the CCEA is indeed performing as it should, (73, 74) and

- b. where would any such '*age mandate*' start and finish? Would it be OK to manipulate a child who is 2 years old, but not one who is 1 year and 364 days old? Would Chiropractors also need certification to accept an ageing patient? An adolescent? A sports person? It must be said that while advanced training rises the tide of professionalism to float all boats it is not to be mandated in the face of our educational institutions doing their job fully and remaining accredited.
- iii. a second video of a safe and standard Peiper-Isbert-reaction test ('inverted baby') which caused conniptions stirred by political medicine in Victorian Health Minister Mikakos at the time regardless of the test shown being a standard and well-accepted test used in medical paediatric care.

This matter gives me intense concern as it clearly demonstrates the political motives of the RACGP. It has to be asked, why did they sell-out a Chiropractor shown applying a standard test from the field of medical paediatrics? (27) And a test published and explained in a text by global leaders in the provision of medically-informed paediatric manual therapy? (28, 29, 30) Is the RACGP incompetent or are they playing politics?

- iv. the conduct of the Safer Care Victoria Inquiry as a review of chiropractic manipulative care for children under 12 years of age. I ask why its commissioning brief was changed from 'safety' to 'clinical effectiveness' as the report was being finalised and indeed, whether or not its findings may have been altered.

This point is one I can not address without breaching confidences. So far the full contents of this paper rely on reports which are publicly available. Perhaps it should fall to Keating and Amorin-Woods to explain in a follow-up paper to their initial report. (15)

I will note that the *Hansard of the Parliament of Victoria Legislative Council* dated 14 November 2019 (75, p. 33) records this statement:

Mr QUILTY (Northern Victoria) (12:28): In March the government promised the COAG Health Council that this review would be independent. I have now heard that the recommendations from the panel were actually rewritten after the review was completed without the knowledge of the panel or any further consultation. It is essential that independent reviews establish and stick to procedures to ensure that they maintain credibility. When stakeholder engagement is ignored and recommendations are arbitrarily rewritten, the credibility of recommendations is damaged. There are now suggestions that this review was tainted by bias because it deviated from the agreed method and abandoned the evidence. Were the recommendations of the Safer Care Victoria review into paediatric spinal manipulation rewritten after the panel had provided them?

It is my understanding from hearsay that one such alleged alteration could have been changing the recommended age significantly upwards to 12 years.

Mikakos went on to demean the report by stating, as recorded in Hansard (p. 33) '*this was never intended to be a popularity contest*'.

73. Ebrall P. 'It's not the battles we lose that bother me, it's the ones we don't suit up for'. [Editorial]. *Asia-Pac Chiropr J.* 2023;4.2. apcj.net/Papers-issue-4-2/#EbrallOctober23

74. Ebrall P. RMIT University kills its Chiropractic program in Victoria. *Asia-Pac Chiropr J.* 2023;4.2. apcj.net/Papers-issue-4-1/#EbrallRMIT

75. *Hansard of the Parliament of Victoria Legislative Council* dated 14 November 2019. By authority of the Victorian Government Printer.

An assessment of the players

Ian Rossborough

A registered Chiropractor trained in Gonstead technique with over 20y experience and acting in a safe and professional manner. Unwise to post videos of his work.

Cylie Williams

Somewhat more than the podiatrist she claimed to be in her complaint to the CBA. Williams is an academic at Monash University with the potential to be engaged with the remnants of the *Friends of Science in Medicine*. As of 1 March 2023 Dr Williams was an Associate Professor in the *School of Primary and Allied Health Care at Monash University*. (76)

The septet of concerned Chiropractors

Guardians of the Universe on the one hand, questionable motives on the other.

Keating (G) and Todd

Assurance must be given to members of the ACA that Directors Keating and Todd fully declared their conflict of interest and were excused from all discussions about how the ACA would or should respond to this matter. In the absence of such assurance each should resign immediately.

The question is one of trust, in that members of the Association have the right to know that the Association's advice and recommendations are made without a perception of bias or undeclared conflicts of interest.

Andrew Arnold

A registered and experienced Chiropractor acting in a safe and professional manner. Unwise for videos of his work to be posted.

Wayne Minter as Chair of the CBA

Previously (5) I have published strident criticism of the perceived inability of the CBA to resolve its issuance of interim guidance and will not go over that ground again. The question I will ask is why did the Board issue interim guidance in the first place? I have shown in my Table 2 '2016, 2019: "the events" leading to CBA interim advice' that the Board received at least three inputs regarding Rossborough. The first, from podiatrist Williams (1 May 2016), went straight to Notification (11 May 2016 by AHPRA and there is no record of reaction to either the Minister's complaint (6 May 2016) or the concern expressed by the Chiropractors (9 May 2016). These were handled without any hint of a restriction to Chiropractic practice.

Indeed, prior to those events the Board issued a Communique in April 2016 that read:

Care of children

The Board noted that the care of children by chiropractors has attracted some interest in the media recently.

In October 2015 the Board released a position statement on paediatric care. In that statement the Board made clear that chiropractors have a responsibility to practise in an evidence based and patient-centred manner and also to recognise and work within the limits of their competence and scope of practice.

The Board also drew chiropractors' attention to section 3.7 of the Code of conduct which sets out the Board's expectations about caring for children and young people.

The Board expects chiropractors to ensure that their clinical practice is consistent with current evidence and best practice approaches. Chiropractors were also reminded to be conscious of additional needs and requirements in caring for

76. Monash University. Search Cylie Williams, 9 January 2024. https://www.monash.edu/search?f.DateId=d=2023+::+2023&form=matrix&profile=_default&query=cylie+williams&collection=monash~sp-main-search

children including ensuring that all care and treatment is suitable to the age, presentation and development of the patient.

At all times, practitioners must ensure that the best interest and wellbeing of the patient are placed first.

The Board made no mention of the gravitas of receiving any complaint from a State Minister, nor of the letter of concern by the Chiropractors, in its Communiques of May or June but in July noted their latest newsletter had been published. This newsletter, published 12 July 2016 presented the above information under '*Care of Children*'. The Newsletter contained a link to '*The Board's position on paediatric care*' which is useless to historians as it links only to the current content (29 November 2023, viewed 9 January 2024) which reads:

The intent of this position statement is to clarify the Board's expectations regarding paediatric care by chiropractors.

Chiropractors receive extensive tertiary education and training to provide care across the lifespan.

In caring for children, chiropractors provide a range of treatment modalities that may include manual therapy such as mobilisation, soft tissue therapy, manipulation, and/or advice relating to exercise and other lifestyle factors relevant to the child's age, condition and concern.

When chiropractors do not have the clinical skills and knowledge to appropriately assess or manage a paediatric patient, the Board expects them to refer the patient to another healthcare practitioner(s) who have the appropriate skills, or to co-manage the patient with the other healthcare practitioner(s).

and after some Statutory fluff continued as:

There are considerations, responsibilities and differences in the provision of care for children. The Board expects chiropractors to:

- understand that children have significant anatomical, physiological, developmental and psychological differences and needs from adults and that their healthcare management requires specific skills and expertise
- modify all care and treatment (including technique and force) to suit the age, presentation and development of the patient
- discuss their proposed management plan with the patient and their parent/guardian
- inform the patient and their parent/guardian about the quality of the acceptable evidence and explain the basis for the proposed treatment
- provide the patient and their parent/guardian with information about the risks and benefits of the proposed treatment and the risks of receiving no treatment
- appropriately document consent, including considering the need for written consent for high-risk procedures
- refer patients when they have conditions or symptoms outside a chiropractor's area of competence, for example 'red flags' such as the presence of possible serious pathology that requires urgent medical referral to the care of other registered health practitioners

- communicate effectively with other health practitioners involved with the care of the patient, such as the patient's general practitioner or paediatrician.

This is all perfectly reasonable and if this is a reflection of the Board's position in May 2016 it is quite possible that the Chair replied to the Minister thanking them for their concern and asserting that as the Statutory Body responsible for the safety of the public when consulting Chiropractors, they had appropriate processes in place, which they did. The Chair may also have mentioned words to the effect that the matter which raised the Minister's dander had been referred to AHPRA as is due process.

The Board's monthly formal *Communiqués* evolved into an irregular '*Message from the Chair*' and became less frequent with nothing between November 2018 and 20 June 2019 when the following was issued, noting the media blitz against Dr Arnold began about February 2019 and the Minister was agitated about 8 March 2019. From 20 June 2019:

Chiropractic Board announces interim policy on spinal manipulation

The Board has set an interim policy on spinal manipulation for infants and young children while an independent review of the practice is carried out by Safer Care Victoria.

The Board awaits with keen interest the outcome of an independent expert review of the current **best evidence for the efficacy of spinal manipulation** to treat childhood illnesses or health concerns in infants and young children. Safer Care Victoria has established an advisory panel to support the review. The panel will consider the available evidence, is currently taking public submissions from practitioners, stakeholders and the broader community and will provide advice to Safer Care Victoria during the review, which is expected to be completed by November 2019. [Emphasis mine]

The review outcomes will be used to inform future policy on the regulation of spinal manipulation for infants and young children for public protection.

The Interim policy - spinal manipulation for infants and young children is to protect the public until the outcomes of the expert review are known, and a final policy is developed on the issue. The interim policy clearly outlines the Board's expectation that chiropractors not use spinal manipulation to treat children under two years of age, pending the recommendations arising from the review.

The Board expects chiropractors to comply with the interim policy, in addition to following the guidance provided in the Statement on paediatric care (2017), [now removed] and the [Code of conduct for chiropractors](#) (2014).

The interim policy is available as a position statement under [Codes and guidelines](#) on the Board's website.

We can see from this Board statement that it was the Board itself which introduced the question of 'efficacy' over 'safety'. In November 2023 the CBA issued Priority News it called

'New strengthened guidance for paediatric care'

The new Statement on paediatric care has been published by the Board, after considering the recommendations made by the Safer Care Victoria independent review into chiropractic spinal manipulation of children under 12 years. The Board also considered community needs and expectations and, specifically, the strong

support for consumer choice voiced in the public consultation of the independent review.

The Board examined how common themes in the independent review's recommendations align with its existing regulatory guidance, and used these insights to inform a risk-based approach to updating its Statement on paediatric care. This includes updated advice reinforcing the need to ensure that parents or guardians fully understand their rights and the evidence before treatment is provided to children.

The revised statement takes effect from today and replaces the Interim policy on spinal manipulation for infants and young children, which has been in place since 2019.

[Read more about the revised statement on paediatric care in the news item.](#)

In the 'news item' linked above, Minter stated:

By strengthening the guidance, the Board has more clearly outlined its expectations. Significantly, the Board noted that no examples or experiences of serious harm were reported through the independent review consultation, by either the public or health practitioners, and that no risk of harm has been identified among concerns raised with Ahpra.

However this exercise of evidence-informed decision-making by the CBA did not please the Federal Minister for Health, Butler, and in September 2024 under instruction the CBA issued the following as Priority News:

Reinstatement of the interim policy on spinal manipulation for children under two

Following a request from health ministers in June, [2024, see pp 1, 2 of this paper] the Board has reinstated the interim policy on the spinal manipulation of children under two years of age, pending further consultation with ministers.

All chiropractors must comply with the [interim policy](#) in addition to following the guidance provided in the [Statement on paediatric care](#) (2023) [given above] and the shared [Code of conduct](#) (2022).

The Board is committed to ensuring the public has access to, and receives, safe, ethical and competent care from registered chiropractors.

It is unacceptable for any arm of Government to interfere in the business of a Statutory Board except where such Board is shown to be incompetent. This cannot be said of the CBA. All 6,526 (54) registered Australian Chiropractors can but lament the unwarranted heavy fist of government acting to discriminate against Chiropractors trained in Australian Government approved programs delivered in Australian Government approved Universities and a Government-approved private college, interfering with solid evidence-informed advice from the profession's Government approved Statutory Board by again creating doubt in the minds of the public as to this profession's safety and efficacy with the care of children. The damages to the profession are incalculable.

77. Chiropractic in 2023/24. Annual Report. Chiropractic Board of Australia. <https://www.chiropracticboard.gov.au/About-the-Board/Annual-report.aspx>

The Directors of the ACA

It is known that the ACA operates with high-level professionalism especially under its current CEO Alex Malley. It must without delay act to ensure transparency around all decision-making with regard to future positions on the care of children. The current (early 2025) 'Back to School' campaign is exemplary.

The ACA facilitates a special interest group of Chiropractors caring for children. (78) The purpose of this paediatric group is to '*serve our members by advancing the clinical application and understanding of chiropractic care for children. We shape the future through advocacy, collaboration, research, and education for the betterment of the profession, and the children of our communities.*'

The ACA Paediatric group advocates for the right for all Chiropractors to work with children. This suggests the ACA will not be seeking to impose any age-limit.

The Directors of Chiropractic Australia (CA)

The lesser professional association in Australia, *Chiropractic Australia (CA)* is supportive of '*manual therapy*' care for children, stating:

A collaborative approach in the delivery of care is recommended as part of a patient centred approach. Caring for children brings with it additional responsibilities for health professionals and in providing chiropractic paediatric care practitioners must ensure they practice within their limits of competence, training and experience. (79)

An addendum of the CA website dated March 2019 provides evidence-based comments on the provision of manual therapy care for infants, the safety of such care, and the level of evidence for such care. (80)

Part 4 - Denouement

The evidence favours my contention that the Chiropractic profession in Australia does not represent a danger to public health and has articulated self-governance to a high level such that formal intervention is not warranted and cannot be justified.

When all is said and done there is no evidence of harm to a young patient by either Rossborough or Arnold. The videos showing the care they provided, whilst not appropriate for social media, nevertheless show the care was safe and provided in a professional, patient-centred, parent-centred manner. If others in the profession met these standards in their care of children I would be pleased.

It is safe to conclude that videos showing a Chiropractor performing their professional duty should not be placed on social media. I recommend it becomes a condition of Professional Indemnity

78. AICE Chiropractic Paediatrics Clinical Practice Group. ACA. <https://www.chiropractors.org.au/aice/aice-groups/paediatrics>

79. Chiropractic Australia. Paediatric Care. January 2025. [https://www.chiropracticaustralia.org.au/public/247/files/Paediatric Care Policy \(2\).pdf](https://www.chiropracticaustralia.org.au/public/247/files/Paediatric%20Care%20Policy%20(2).pdf)

80. Chiropractic Australia. Addendum to Paediatric Care Policy - Manual Therapy Care For Infants. Adopted: March 2019. [https://www.chiropracticaustralia.org.au/public/247/files/Manual Therapy Care For Infants \(1\).pdf](https://www.chiropracticaustralia.org.au/public/247/files/Manual%20Therapy%20Care%20For%20Infants%20(1).pdf)

insurance that such insurance is null and void in any action arising as a case where a Chiropractor has placed a video of their care in the public domain and especially on any social media platform.

After a significant State investment, the SCV Report which included an exhaustive review and interestingly a *Cochrane Review* which, contrary to *Cochrane's* standard procedures, seems to not be published elsewhere, also utterly failed to identify even one report of harm caused by a trained Chiropractor to a child in the normal course of Chiropractic care.

At some stage the SCV Review changed from being one of safety to one of efficacy. Chiropractors would like to think this was driven no doubt by the agenda of political medical cynics to damage if not destroy the Chiropractic profession. This statement is grounded in historical fact and is not hyperbole. However I have noted that the CBA itself introduced the idea of '*efficacy*' on 20 June 2019.

It can be said with confidence that the advice and guidance of the CBA has been as it should be, concise and proper. I have expressed concern it took overly long to amend the interim advice but the moment they did, the noisy clatter of political medicine again rattled our politicians into a state of panic causing it to be re-imposed.

Really, when will Australian politicians grow up and cease being puppets of political medicine?

Meanwhile I'm waiting for the '*coffee-table book*' which is said to be coming as a summary of the patient reports of their Chiropractic experience, if such a publication could ever be considered possible. At over 22,000 reports it would be quite a tome yet ethically irresponsible.

A final point

The findings of SCV Report are stated as applying to all practitioners: '*Spinal manipulation, as defined in Section 123 of National Law, should not be provided ... by any practitioner, for general wellness or for the ... [list of clinical conditions], (38)* yet the HMM is focussed only on restricting Chiropractors. Why? To this point the HMM has singled out Chiropractors but must appreciate that any decision to limit the practice of Chiropractors under National Law would also limit the practice of Osteopaths, physiotherapists, and medical practitioners.

In 1996 I reported paediatric patients or 'children' constituted about 16% of the case-mix of Australian Chiropractors. (81) Remarkably, current data for osteopaths shows about the same proportion, 16%. (82) There is no reason for this proportion for Chiropractors to have varied over the past 30y so we can assume that about 16% of a typical Chiropractor's case-mix are 'children'.

In 2019 Keating reported '*the majority for musculoskeletal concerns (48%); and concerns relating to development (40%). Much of this care (77.5%) was provided to children who were also under the care of other health professionals for their presenting concerns. The other health professionals consulted were primarily general practitioners, maternal and child health nurses, and medical specialists. The parents felt well informed and involved in the decisions about the care (99.14%). According to the parents, 98.4 % said they noticed, or their child reported, an improvement after the care was provided. The parents were overwhelmingly (99.6%) of the opinion that chiropractic care benefitted their child.*' (83)

Thus any medical concern of risk is negated by this evidence of co-management.

Recommendations

Chiropractors, as a profession of highly trained and qualified health professionals, want nothing more than to go peacefully about their day delivering nearly 30 million patient sessions per year of Chiropractic care to Australians. This represents a \$2-3 Billion dollar industry annually and one

81. Ebrall PS. A descriptive report of the case-mix within Australian Chiropractic. practice, 1992. *Chiropr J Aust* 1993; 23:92-7.

82. Steel A, Draper-Rodi J, Fleischmann M, et al. Practitioner characteristics of osteopaths who treat pregnant women and children: an Australasian perspective from two practice-based research networks. *Comp Ther Clin Prac*. 2025;101929. <https://doi.org/10.1016/j.ctcp.2024.101929>

83. Keating GM. Parent reports of chiropractic care for children: A preliminary report from 22,043 parents in Australia. *J Clin Chiropr Paeds*. 2019;20(1). <https://jccponline.com/keating20-01.html>

largely devoid of government financial support. (84) Our profession generates significant employment opportunities and we generate a reasonable amount of tax receipts.

Chiropractors deserve to be treated better by government and this report allows for several recommendations which I now give:

1. The HMM should immediately close its current discussion on Chiropractic and accept the solid and sound position of its Statutory body responsible for the conduct of the profession, the CBA. The medical agitation about clinical efficacy and age limits must cease forthwith.
2. The ACA should establish a *Committee of Clinical Experts* as is the practice of the RACGP with the purpose being to provide consensus opinions as Level 4 evidence in cases where such is warranted.
3. Health Ministers should quarantine from medicine their decision-making on Chiropractic. There are sufficient experienced and wise Chiropractors across Australia to form a valuable advisory panel for Government.

'Democracy dies in darkness'

4. Government should act immediately to honour the recommendations for funding Chiropractic Research made in the 1977 Webb Report. (19) It can commence today with the sum of \$1.5M deposited with the *Australian Spinal Research Foundation*, (85) and then with an annual payment indexed by CPI, again to ASRF. The ASRF is the peak research body for Chiropractic in Australasia.

With regard to the idea that the CBA should undertake further consultation and evidence gathering before providing a recommendation to Health Ministers I would argue that on the basis of the decision-making of the CBA detailed in this analysis that this is a nonsense imposition and the HMM has sufficient appropriate and detailed information to act wisely at its next meeting and in the best interests of all Australians, and especially those who choose to exercise their right to consult a Chiropractor as a health care practitioner of their choice across the full lifespan.

The CBA has more than proven its competence to deliver fully on its statutory responsibilities. Medical views to the contrary are simply unwanted and politically motivated noise.

Phillip Ebrall

Editor

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84. Authors estimate based on 6,526 Chiropractors each seeing 90 patients per week for 46 weeks at \$75 per visit.

85. Australian Spinal Research Foundation. Home. <https://spinalresearch.com.au/>

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