



The Chiropractic Board of Australia and its evidence-free position on the chiropractic care of children: A call for action

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Abstract: No child seems to have died or suffered a serious adverse event at the hands of a chiropractor in Australia and very, very few have reported discomfort beyond a little crying. Yet the *Chiropractic Board of Australia* maintains a dated interim policy that ‘advises chiropractors to not use spinal manipulation to treat children under two years of age, pending the recommendations arising from the independent expert review’, in spite of also stating it expects ‘chiropractors ensure their clinical practice is consistent with current evidence and/or best-practice approaches.’ This significant review by *Safer Care Victoria* was completed 2½ years ago and found no evidence of harm. There are no possible grounds for the Board to not immediately rescind its ‘interim’ guidance and replace it with a current statement of Best Practice. To not do so is to reject the overarching responsibility for the CBA to ‘advocate for kids’ and to continue to deny Australian children their basic human right of access to chiropractic care.

Indexing Terms: chiropractic; pediatrics/paediatrics; Chiropractic Board of Australia.

Introduction

Registration Boards are bound by legislation and statute to protect the public. While meant to do this with evidence, the *Chiropractic Board of Australia* (CBA) at times seems to not. The CBA is a global outlier for its position of blocking the care of children by chiropractors on its register, a position for which it has not one iota of evidence.

I would suggest it is hypocritical to, on the one hand demand practitioners apply high standards of evidence to all they do:

‘In June 2017, the Board published a position statement on chiropractic paediatric care. In this statement, the Board stipulated an expectation that chiropractors ensure their clinical practice is consistent with current evidence and/or best-practice

...It is a basic human right for all of Australia's children, including of our First Nations, to have access to chiropractic care. The CBA continues to jeopardise this right without a shred of evidence of any harm or danger, conflicting with AHPRA's own advocacy for children. It is time the Board replaced its interim 'advisory' guidance with a statement of Best Practice ...'

approaches.’ (1)

... while on the other when it comes to its own behaviours the Board ignores current evidence and prefers political convenience. This is certainly not ‘*best practice*’, nor it is ‘*evidence-based practice*’ by the Board.



It is past time for the CBA to respect the basic human right of children to have access to chiropractic care and to rescind its ‘*interim guidance*’ that chiropractors are not to use spinal manipulation to treat children under two years of age.

The Board’s position is that:

‘The independent expert review to be led by Safer Care Victoria will be used to inform future policy on the regulation of spinal manipulation for infants and young children for public protection.’ (1) [Emphasis ours]

The *Safer Care Victoria* (SCV) review has been and gone and the Board is yet to act in spite of the Chair, Wayne Minter AM, stating in March 2021 that ‘*The Board is committed to communicating with all chiropractors at the completion of the process*’. (2) The most recent newsletter, issue 27 dated November 2021 is silent on the matter, as is that of July 2021.

Understanding the matter

Throughout history when accused of some misdemeanour your plea in a court of law was either guilty or not guilty. It was then the responsibility of the Prosecution to supply evidence of guilt, and the role of the Defense to claim that the party was not guilty and to make sure that the Prosecution’s case was watertight when it came to the accusation of guilt. In a criminal case the evidence had to be ‘*beyond reasonable doubt*’ and in a civil case ‘*within the bounds of probability*’.

However, in this matter things appear to be in reverse in that an accused party, all 5,968 (3) or so members of the Australian chiropractic profession, are presumed to be guilty and are expected to prove their innocence.

The chiropractic profession has throughout its history struggled against an unrelenting and organised attempt to eradicate it, mostly at the behest of the medical profession that see chiropractors as business adversaries.

This matter is a contemporary example of this, arising in May 2019 when the *Friends of Science in Medicine* (FOSIM), (4) seemingly associated with the *Australian Skeptics Society*, (5) persuaded the then Minister of Health in Victoria Ms Jenny Mikakos, (6) to hold an Inquiry into the safe care of children by chiropractors in Victoria. This became the *Safer Care Victoria Inquiry*. In contrast it must be noted that Australian Universities seem to not take FOSIM seriously. (7)

FOSIM’s complaint was brought about by a chiropractor posting on his website and social media a video of him treating a baby. This horrified some people, and was not a particularly good public optic of chiropractic in the same way a forceps-assisted delivery is not a good public optic of the discipline

1. Interim policy on spinal manipulation for infants and young children, Chiropractic Board of Australia. Accessed February 2022. URL <https://www.chiropracticboard.gov.au/Codes-guidelines/Position-statements/Interim-policy-on-spinal-manipulation.aspx>
2. Newsletter March 2021. Chiropractic Board of Australia. Accessed February 2022. URL <https://www.chiropracticboard.gov.au/News/Newsletters/March-2021.aspx>
3. Registrant data. Chiropractic Board of Australia, AHPR. Accessed February 2022. URL <https://www.ahpra.gov.au/documents/default.aspx?record=WD21%2f31064&dbid=AP&checksum=EzULiDZoJpP84eygK%2fcs6Q%3d%3d>
4. Friends of Science in Medicine/Welcome from FSM President Ken Harvey. Accessed February 2022. URL <https://www.scienceinmedicine.org.au/welcome-message/>
5. Who are the Friends of Science in Medicine? Open Source Truth. 3 August 2016, accessed 11 February 2022. URL <http://www.opensourcetruth.com/who-are-the-friends-of-science-in-medicine/>
6. Harvey K. Victorian Health Minister demands regulators act against Melbourne chiropractor [Letter]. 20 February 2019. This letter is reproduced as an appendix.
7. Friends of Science in Medicine. Newsletter 11-25 September 2015. Accessed February 2022. URL <https://www.scienceinmedicine.org.au/wp-content/uploads/2017/06/newsletter11.pdf>

of *Obstetrics*. The video contained procedures used both within chiropractic and medicine. As a consequence of being reported to the CBA by FOSIM, a political action, the practitioner was sanctioned and had conditions placed on his licence. (8) A political response.

It must be made clear that the parents of the infant did not make a complaint to the Board, and were in fact happy with the treatment their child received and the benefits the care provided. This *Journal* published a peer-reviewed, indexed *Case Report* of this infant's care. (9)

The critical finding of the SCV Panel (the Inquiry) was that their review found no adverse events from chiropractic spinal care of infants and children. (10) The relevant section reads:

'An extensive search was undertaken to identify evidence of harm sustained by children who had received spinal manipulation. This included a literature review by Cochrane Australia, capture of patient complaints and practitioner notification data from Australian complaints and regulatory agencies, capture of Australian insurance claim data from the primary insurers for registered chiropractors, and stakeholder feedback from both online consultations. This extensive search identified *very little evidence of patient harm* occurring in Australia. In particular, there were *no patient complaints or practitioner notifications* that arose from significant harm to a child following spinal manipulation.' (7, Executive Summary.) [Emphasis ours]

Indeed, submissions from the public showed a satisfaction level of 99.7% with very few and only minor instances of short-term discomfort arising from treatment. There was no evidence of serious adverse events or death nor claims made against insurance companies. In spite of being requested to do so, no evidence of harm or safety concerns were supplied by FOSIM or others who may have been experts in the matter.

One finding of the SCV Inquiry was:

'Spinal manipulation, as defined in Section 123 of National Law, should not be provided to children under 12 years of age, by any practitioner, for general wellness or for the management of the following conditions: developmental and behavioural disorders, hyperactivity disorders, autism spectrum disorders, asthma, infantile colic, bedwetting, ear infections, digestive problems, headache, cerebral palsy and torticollis. Section 123 of National Law defines spinal manipulation as "moving the joints of the cervical spine beyond a person's usual physiological range of motion using a high velocity, low amplitude thrust.'" (11)

When this is read carefully, SCV's only recommended prohibition is condition-based, and NOT the actual act of correcting spinal or cranial dysfunction; '*manipulation*' as the National Law erroneously defines it is an impossible physiological act in a conscious patient: '*manipulation of the cervical spine means moving the joints of the cervical spine beyond a person's usual physiological range of motion using a high velocity, low amplitude thrust*'. (12) This section restricts manipulation of the cervical spine to registered (a) chiropractors, (b) osteopaths, (c) medical practitioners, and (d) physiotherapists. It says nothing about clinical indicators, or conditions.

In other words, the SCV panel has NOT advised against the act of manipulation in children. What it has done is express a medical bias to not provide care to a child for certain conditions. In other words, the SCV position, and thus the Board's position, has NOTHING TO DO with the care of the spine but ONLY to do with *conditions* which medicine deems inappropriate; political sabotage.

8. Staff writers and AAP. Controversial chiropractor banned from treating children [News]. News Limited. Accessed February 2022. URL <https://www.news.com.au/lifestyle/parenting/babies/controversial-chiropractor-banned-from-treating-children/news-story/49e8ff29cf3d69c344f2ee7db904366a>

9. Rossborough I, Hart C. Colic and infant birth trauma [Case Report]. *Asia-Pac Chiropr J*. 2021;1.3:Online only. URL www.apcj.net/rossborough-and-hart-infantile-colic/

10. ACCP update: Safer Care Victoria Review and COAG. Australian College of Chiropractic Pediatrics. October 2019. Accessed February 2022. URL <https://accp.asn.au/scv>

11. Recommendation 1. Chiropractic spinal manipulation of children under 12 Independent review. Safer Care Victoria. p. 6. URL <https://www.bettersafecare.vic.gov.au/sites/default/files/2019-10/20191024-Final%20Chiropractic%20Spinal%20Manipulation.pdf>

12. Health Practitioner Regulation National Law Act 2009. Section 123 (2). URL <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045#sch.>

I am yet to meet a conventional chiropractor who claims to treat conditions although some websites in Denmark are reported to continue with this old behaviour. (13, 14) Conventional chiropractors diagnose to identify, analyse, and then treat the cause of a child's presenting problems.

The *Journal* has seen this position before from AHPRA/The Board. A recent example being insistence that dyspepsia or heartburn is not related to mechanical causes arising in the spine. The evidence is held but can not be released because to do so would open the practitioner to being targeted by AHPRA and the Board. What a very sad state of affairs. Meanwhile, in this issue we publish a definitive position by *Rome and Waterhouse* citing medical evidence that would stand up in any hearing that challenged the current Board position that dyspepsia is not related to any 'mechanical' cause.

In spite of the flawed position of the SCV panel the CBA decided or were persuaded to place an *interim* prohibition on practitioners using SMT on children pending the final report being supplied to the *Council of Australian Governments* (COAG), a then national overarching body. (15) The problem is that this *interim* prohibition remains in place today and 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.' (16)

It must be noted that this position was taken by the CBA *before* the SCV Inquiry. The CBA also stated that '*The independent expert review to be led by Safer Care Victoria will be used to inform future policy on the regulation of spinal manipulation for infants and young children for public protection*'. (15) The Chair of the CBA was a panel member of the SCV Inquiry.

Here we are, 2½ years since the SCV findings and 3 years since the Board stated its interim position, yet the CBA maintains its silence. This is in spite of them publishing less than 3 years earlier, in June 2017 a position statement '*on chiropractic paediatric care. In this statement, the Board stipulated an expectation that chiropractors ensure their clinical practice is consistent with current evidence and/or best-practice approach.*'

We ask the Board really, *when will you use evidence in the practice of your discipline of registration?* We appreciate that the national body to which SCV reported has been disbanded and the *Inquiry Report of Findings* transferred to another department, and in the meantime the advent of COVID-19 and other political events have seen this report buried within government. This does not hinder the CBA from acting responsibly.

We understand that the CBA has been approached to lift the ban and prohibition placed on chiropractors given that there have been no safety concerns raised that warrant its continuance, however they are yet to do so. This is both disrespectful to the profession and continues to deny care to a cohort of patients that have hitherto seen great benefit from chiropractic assessment and management.

13. O'Neill, S., Wahlqvist, A.B., Simonsen, N.K. et al. Digging deeper: exploring chiropractors online claims about non-musculoskeletal disorders. *Chiropr Man Therap* 29, 50 (2021). <https://doi.org/10.1186/s12998-021-00407-z>

14. Jensen, R.K., Agersted, M.E.I., Nielsen, H.A. et al. A cross-sectional study of website claims related to diagnoses and treatment of non-musculoskeletal conditions. *Chiropr Man Therap* 28, 16 (2020). <https://doi.org/10.1186/s12998-020-00305-w>

15. Council of Australian Governments (COAG). Home. Accessed February 2022. URL <https://info.australia.gov.au/about-government/government-and-parliament/council-of-australian-governments-coag>

16. Interim policy on spinal manipulation for infants and young children. Chiropractic Board of Australia. 14 March 2019, Accessed February 2021. URL <https://www.chiropracticboard.gov.au/Codes-guidelines/Position-statements/Interim-policy-on-spinal-manipulation.aspx>

The unjustness of the Board's 'interim guidance'

Both the Board and the Inquiry use a medical understanding of manipulation which has been twice shown to be nonsensical and completely inapplicable to the safe practice of chiropractic. (17, 18) This alone should put an immediate end to the matter.

But also note that the Board has not published any evidence of harm to children caused by chiropractic care and after an exhaustive process, the SCV Inquiry also found none.

The Board can be seen as discriminating against chiropractors and the public, rather than protecting the public, through restricting access by parents with young children to chiropractors for assessment and care. This is a unique position among all registration boards in Australia, with those for *Osteopathy*, *Physiotherapy*, and *Chinese Medicine* being silent on the matter. Indeed AHPRA, which is the overarching authority for all boards, has a position of *advocating for the care of children*. (19) Is AHPRA aware that the CBA specifically goes against this position?

Indeed, has the Board itself forgotten its own position on paediatric care dated 22 June 2017: (20)

'Chiropractors receive extensive university education and training, including about caring for children. Parents typically seek chiropractic services for their children for musculoskeletal disorders. In caring for children chiropractors may provide a range of treatment modalities including manipulation, dietary and ergonomic advice, exercise, counseling and other manual therapies such as massage.

'Best-practice approaches to providing chiropractic care to children are published in peer reviewed literature. This evidence should be used to guide clinical practice and ensure chiropractors provide safe care. Current research indicates that the incidence of serious adverse events, either directly from manual therapy or indirectly by delayed or mis-diagnosis, is rare but does occur. [Ed: The CBA provides no evidence to support this claim]

'The Board considers that more research is required to better understand this.

Has the Board funded any such research? Not to our knowledge.

Summary of a stupid situation

Chiropractors Australia-wide are hesitant to provide care for children from birth, and for the gravid, on fear of losing their registration, such is the intimidation of the Board's 'interim' guidance.

The Board clearly stated its position was interim. How long is 'interim'? Is it natural justice to the Australian public for the Board to be indecisive in this matter by causing hesitancy in parents considering chiropractic care for their child?

What is the reputational damage caused to the profession by the Board's position? Are other disciplines using this to chiropractic's disadvantage?

What evidence does the Board hold that would warrant such an interim position in the first place? And more important, what evidence is held by the Board of actual harm to children caused by a chiropractor in the normal course of their care, to any child under 2? The SCV found none.

What action is the Board taking to review its interim position? Or is it hoping nobody will notice, or worse, its registrants will no longer care? A Board is fatally flawed the moment it loses the respect of its registrants; how close is this Board to this occurring?

17. Rome P. Waterhouse JD. The specific chiropractic adjustment is conducted within an articulation's physiological range of motion: Part 4 of a series. *Asia-Pacific Chiropr J*. 2021;1.3. URL www.apcj.net/rome-and-waterhouse-adjustment-is-within-rom/

18. Ebrall P. The parapsychological space of manipulation: A pragmatist's appraisal. *J Philos Princ Pract Chiropr*. 2020 May:8-17. URL <https://www.vertebralesubluxationresearch.com/2020/05/03/7231/>

19. Podcast: Advocating for kids - a new episode on children's health. AHPRA. 28 August 2020. URL <https://www.ahpra.gov.au/News/2020-08-28-podcast-advocating-kids.aspx>

20. Statement on paediatric care. Chiropractic Board of Australia. 22 June 2017. URL <https://www.chiropracticboard.gov.au/Codes-guidelines/Position-statements/Statement-of-Paediatric-care.aspx>

The Rule of Law

The rule of law restricts the powers of governments, corporations and individuals, and protects against the exercise of power without a lawful basis. The laws of Australia apply to everyone, including Government Ministers, Parliamentarians and Judges. (21) It promotes justice, fairness and individual freedom. The interim position of the CBA to restrict chiropractors providing care to children under 2 may be seen as unjust by not being based on any evidence of harm.

It is hardly fair to the Australian public to restrict access to care based on, by all accounts, an emotional then political reaction to a social media video clip of APPROPRIATE AND SAFE care subsequently reported and indexed in the peer-reviewed literature.

Above all, it is not up to chiropractors to prove their known safety with their care of children of all ages. This can be considered resoundingly established by the unprecedented submissions of support by 26,603 members of the Australian public. (22)

The CBA has the responsibility to prove that harm has an unacceptable risk of occurring when a chiropractor treats a child under 2 if it is to make such draconian restraints on a profession.

The CBA also has a responsibility to assess AND understand the educational materials available to chiropractors which are summarised in Table 1 and also to acknowledge its own stated position on university training in Australia. (20)

Table 1: Reputable resources for paediatric care by chiropractors

| Author/s | Title | Link |
|----------------------------------|--|---|
| Peter N. Fysh | Kids need chiropractic too | https://chiro.org/LINKS/BOOKS/Pediatric.shtml |
| Peter N. Fysh | Chiropractic Care for the Pediatric Patient 2e | https://www.amazon.com/Chiropractic-Care-Pediatric-Patient-Softcover/dp/1646339894 |
| Neil J. Davies | Chiropractic pediatrics. A clinical handbook. 2e | https://www.amazon.com/Chiropractic-Pediatrics-Clinical-Handbook-2e/dp/0702031291 |
| Claudia Anrig and Greg Plaughter | Pediatric Chiropractic. 2e | https://www.frohberg.de/product/euroSales195057/pediatric-chiropractic.html |
| Jennifer Barham-Floreani | Well Adjusted Babies. 2e* | https://shop.welladjusted.co |
| Joan Fallon | Textbook on Chiropractic & Pregnancy | https://chiro.org/LINKS/BOOKS/Pediatric.shtml |
| Martin Rosen | Pediatric Chiropractic Care 2e | https://chiro.org/LINKS/BOOKS/Pediatric.shtml |
| Joyce Millar | Evidence-based Chiropractic Care for Infants: Rationale, Therapies, and Outcomes | https://stores.praeclaruspress.com/evidence-based-chiropractic-care-for-infants-rationale-therapies-and-outcomes-by-joyce-millar/ |

* This well-referenced and 'best-selling' textbook led to its author, Dr Barham-Floreani, being investigated by the CBA with repeated demands even when original demands to validate referencing had been met. By way of disclosure I state I have provided expert advice in support of the author. The lengthy engagement with the CBA led to Dr Barham-Floreani to voluntarily not renew her registration. [Read more.](#)

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21. Australian Constitutional Centre. Principle 2: The Rule of Law. Accessed February 2022. URL <http://www.australianconstitutioncentre.org.au/the-rule-of-law.html>
22. Figure 1. Survey response number by survey stream and removal post data validation. Chiropractic spinal manipulation of children under 12 Independent review. Safer Care Victoria. p. 15. URL <https://www.bettersafecare.vic.gov.au/sites/default/files/2019-10/20191024-Final%20Chiropractic%20Spinal%20Manipulation.pdf>

We note the first chiropractic textbook addressing paediatrics is by John Craven, '*A text-book on Hygiene and Pediatrics*', first published in 1924. (23)

The profession's history

In 2011 Robbin Doermer wrote a thesis at Logan University '*Historical perspectives of children's chiropractic clinics*'. (24) Doermer examined three key children's clinics that recognised the need to help sick and disabled children back to health through chiropractic care. These were *The Free Children's Clinic*, *Kentuckiana Children's Center*, and *Oklahaven Children's Chiropractic Center*.

Doermer also reported the contributions made to these clinics by these organisations/associations: *The International Chiropractic Pediatric Association (ICPA)*, *The American Chiropractic Association's Council on Chiropractic Pediatrics* (also known as the *ACA Pediatrics Council*), and the *International Chiropractors Association Council on Chiropractic Pediatrics* (also known as the *ICA Pediatrics Council*).

Far from shying away from the chiropractic care of children, Doermer recommended that '*more children's clinics were to open near all the chiropractic colleges*.' This is in stark contrast to the political attack on RMIT University by Loretta Marron for FOSIM (25) (Appendix) demanding the university close its paediatrics clinic. The most notable thing about this event was the insistence by the then Faculty Dean that the chiropractic clinic was to close, while both the *Chinese Medicine Clinic* (directly managed by the Dean) and the *Osteopathic Clinic*, which was physically beside the *Chiropractic Clinic*, were each allowed to continue their care of children. (26)

The Dean was an author in an academic paper published in 2012 in the *Medical Journal of Australia*, '*The legitimacy of academic complementary medicine*'. (27) In part the article responded to a targeted attack on the care of children at RMIT from Mal Vickers of the *Victorian Skeptics*. (28)

Education

Pediatric care is the one thing that has brought the AmCA and the ICA together, Each body's respective *Council on Pediatrics* teamed up over a decade ago for the first joint pediatrics conference. (29)

The *ICA Council on Pediatrics* delivers a 360-hour *Diplomate in Clinical Chiropractic Pediatrics*. (30) There are also highly capable Australian chiropractors offering training and certification in paediatrics. Glenn Maginness holds the post-graduate qualification *Master Clinical Paediatrics* (RMIT) and delivers three programs for chiropractors. (31) Braden Keil also holds a *Master Clinical Paediatrics* and delivers a range of courses including the *Diplomate of Australian College of*

23. John Craven, *A text-book on Hygiene and Pediatrics*. Davenport. Palmer School of Chiropractic. 1924. URL https://centerforinquiry.org/wp-content/uploads/sites/33/quackwatch/hygiene_and_pediatrics.pdf

24. Doermer RR. *Historical perspectives of Children's chiropractic Clinics* [Thesis]. Logan University. 2011. URL <https://www.logan.edu/mm/files/LRC/Senior-Research/2011-Aug-15.pdf>

25. Marron L. Request to shut down RMIT Chiropractic Paediatric Clinic for teaching disproven treatments that target pregnant women, babies, infants and children. March 2011. URL <https://www.readkong.com/page/request-to-shut-down-1959626> This submission is reproduced as an appendix.

26. Phillip Ebrall. Personal recollection. At the time Ebrall was Program Leader (Chiropractic) and personally instructed by Dean Charlie Xue to close the paediatric clinic.

27. Myers SP, Xue CC, Cohen M, et al. The legitimacy of academic complementary medicine. *Med J Aust*. 2021;197(2): DOI 10.5694/mja12.10491. URL <https://www.mja.com.au/journal/2012/197/2/legitimacy-academic-complementary-medicine>

28. Recent Controversies in Chiropractic and RMIT Courses/Clinic. Mal Vickers. Posted September 29th, 2011 at 11:27 pm. URL <https://vicskeptics.wordpress.com/2011/09/29/recent-controversies-in-chiropractic-and-rmit-coursesclinic/>

29. ICA, ACA Pediatric Councils team up for first Joint Pediatrics Conference [News]. *Chiropractic Economics*. 21 October 2010. URL <https://www.chiroeco.com/ica-aca-pediatric-councils-team-up-for-first-joint-pediatrics-conference/>

30. *Diplomate in Clinical Chiropractic Pediatrics (DICCP)*. ICA Council on Chiropractic Pediatrics. URL: <https://www.icapediatrics.com/diplomate-program/>

31. Elevate Paediatrics. URL <https://elevatepaediatrics.com.au/about-our-programs/>

Chiropractic Paediatrics (DACCP) (32, 33) in paediatric care for chiropractors and osteopaths. For completeness it must be noted Dr Keil has acted as an expert witness in a hearing involving the Board which gives the Board no excuse to say it is not aware of the levels of paediatric expertise in the Australian community of chiropractors, although as is usual within chiropractic there was an objection to Keil's evidence by an American group. (34)

There are also post-graduate programs addressing infant and childhood neurodevelopment. These are provided by Genevieve Keating, a *Diplomate of the American Chiropractic Neurology Board* and a *Master Practitioner of Neuro Linguistics*. Gen is undertaking a PhD in *Early Childhood Development*, and delivers a 2 year program *Diplomate of Neuro-Development Paediatrics*. She is the *Australian Chiropractors Association 'Chiropractor of the Year 2019'*. Rosemary Keating also holds a *Master Degree in Chiropractic Paediatrics* and is a *Diplomate of the American Chiropractic Neurology Board*, a *Master Practitioner of Neuro Linguistics*, and an *NLP certified coach*.

Contemporary seminar

The *Australian Chiropractors Association* (ACA), the professional chiropractic body representing Australian members, held in March a seminar for members called *Bumps, Birth, Babies & Beyond*. (35) The Seminar was held on a Friday and Saturday afternoon and attracted some 90 delegates. (36) The notable things with this seminar are (i) a leading chiropractic paediatrician holding a PhD, Joyce Miller, presented, along with Matthew Doyle, a chiropractor undertaking a PhD, and (ii) presentations were made by four other chiropractors experienced with care of the pregnant, infant and child who are not normally exposed to the profession.

This means that in addition to the breadth and depth of clinical competencies provided by Maginness, Keil, Keating and Keating, Australian registrants have access to additional viewpoints, ideas, and evidence. It also shows that members of the profession welcome such content.

The Board is not in any position to argue there is insufficient education and training for chiropractors treating children. Given the Board has argued in favour of the undergraduate training provided to Australian chiropractors, (19) neither is it in any position to now argue for mandatory post-graduate training as a requirement for chiropractors to accept children for care.

Best practice

At the time of drafting this editorial McCoy Press published a state-of-the-art paper on '*Best Practices for the Chiropractic Care of Children*'. (37) Lead author Joel Alcantara, a PhD candidate, has published over 23 papers at the time of writing with the index term '*paediatrics/pediatrics*' with 41 returns using the search term '*child*'. Earlier Alcantara addressed the matter of *Evidence-Informed Pediatric Chiropractic* (38) and found '*those who consider the chiropractic care of children as "experimental or investigational" have antiquated values and have no place in 21st Century healthcare.*' The importance of this paper is such that it should be freely available as it sets the benchmark for chiropractic care of the young.

32. Australian College of Chiropractic Paediatrics. DACCP 2022/2023 Course Outline. URL <https://static1.squarespace.com/static/5bf61b615417fc9e066f2c28/t/6153c48b5b47703581f9cdd3/1632879756755/Diplomate+Chiropractic+Paediatrics+Course+Outline+2022+Year+1.pdf>

33. Australian College of Chiropractic Paediatrics . Home. URL <https://accp.asn.au>

34. Did Chiropractic "Expert" Braden Keil Give Misleading Testimony to Chiropractic Board of Australia? [News]. The Chronicle of Chiropractic. 1 September 2017. URL <http://chiropractic.prosepoint.net/151361>

35. Connecting Kids Symposium - Bumps, Birth, Babies & Beyond - Details. CPD & Events. Australian Chiropractors Association. URL <https://members.chiro.org.au/cpd-and-events/event/365/Connecting-Kids-Symposium---Bumps-Birth-Babies-&-Beyond>

36. Australian Chiropractors Association. eMail News. 28 March 2022. [Members only].

37. Alcantara, Alcantara, Alcantara et al. Best practices for the chiropractic care of children. *Ann Vert Sublux Res.* 2022; 27 Jan:1-59. URL <https://vertebralsubluxationresearch.com/2022/01/21/best-practices-for-the-chiropractic-care-of-children/>

38. Alcantara J. Evidence-Informed Pediatric Chiropractic: Investigational or experimental? *J Ped Mat Fam Health.* 2015; 28 January:26-33. URL <https://vertebralsubluxationresearch.com/2017/09/10/evidence-informed-pediatric-chiropractic-investigational-or-experimental/>

There are also 3 research summaries (undated, 2019, 2020) performed by *Clinical Compass* which are available on a subscriber basis. These seem to support that organisation's report of 9 November 2019 '*Council on Chiropractic Guidelines and Practice Parameters Best Practice: The Chiropractic Clinical Compass*', also a paid-to-view document (39) and one which also should be freely available. It must be said that a confidential stakeholder review draft, incidentally held by this *Journal*, falls short of Alcantara et al's '*Best Practices for the Chiropractic Care of Children*'. (29)

We can only hope the CBA has the humility to read and understand chiropractic experts in the field. The only hesitation would be the Board's potential reluctance to consider the significant amount of evidence from the Palmerian position, which is the position of the majority (80%+) of the profession; (40) however as I show in a moment, this position is also held by so-called evidence-based therapists.

All-in-all there are some 20 authors on Alcantara's '*Best Practice*' paper including Christopher Kent who is firmly established as the 'go to' person for reviews of this nature. This team followed appropriate processes to gather and weigh evidence from the literature, and makes the recommendation:

'Since vertebral subluxation may affect individuals at any age, chiropractic care may be indicated at any time after birth. As with any age group, however, care must be taken to select adjustment methods most appropriate to the patient's stage of development and overall spinal integrity. Parental education by the chiropractor concerning the importance of evaluating children for the presence of vertebral subluxation is encouraged as are public health initiatives geared toward screening of children for vertebral subluxation beginning at birth.'

The evidence levels are E and L and the rating is '*established*'. This is now the definitive paper on the matter and one the Board is not able to ignore. Indeed, the Board can resolve this entire ludicrous impasse by taking an evidence-based position where it advises registrants that:

'Since vertebral subluxation may affect individuals at any age, chiropractic care may be indicated at any time after birth. As with any age group, however, care must be taken to select adjustment methods most appropriate to the patient's stage of development and overall spinal integrity. Parental education by the chiropractor concerning the importance of evaluating children for the presence of vertebral subluxation is encouraged as are public health initiatives geared toward screening of children for vertebral subluxation beginning at birth.'

Are we likely to see this happen? I seriously doubt it, which leaves the only reasonable path of action to be an appeal to *The Australian Health Practitioner Regulation Agency* (AHPRA), the overarching body responsible for the CBA. AHPRA has a complaints process (41) and performance indicators; (42) the Board seems to lack both a process for complaints about it, and any form of KPIs.

There is also the right for Australians to lodge concerns with the office of the *Federal Minister for Health and Aged Care*, the Hon. Greg Hunt. (43)

39. Council on Chiropractic Guidelines and Practice Parameters Best Practice: The Chiropractic Clinical Compass. Report. 6 November 2019. Accessed February 2022. URL <https://clinicalcompass.org/clinical-guidelines/council-on-chiropractic-guidelines-and-practice-parameters-best-practice-the-chiropractic-clinical-compass/>

40. 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/133>.

41. The Australian Health Practitioner Regulation Agency. Complaints about us. URL <https://www.ahpra.gov.au/About-Ahpra/Complaints.aspx>

42. The Australian Health Practitioner Regulation Agency. Our principles for dealing with complaints about AHPRA. URL <https://www.ahpra.gov.au/About-Ahpra/Complaints/Our-principles.aspx>

43. Greg Hunt. Official web page. URL <https://www.greghunt.com.au> and the Hon Greg Hunt, Parliament of Australia. URL https://www.aph.gov.au/Senators_and_Members/Parliamentarian?MPID=00AMV

The point of this editorial

No child seems to have died or suffered a serious AE at the hands of a chiropractor in Australia and very, very few have reported discomfort beyond a little crying. Todd, (44) a doctoral candidate and now a Director of the ACA, reported:

'Published cases of serious adverse events in infants and children receiving chiropractic, osteopathic, physiotherapy, or manual medical therapy are rare. The 3 deaths that have been reported were associated with various manual therapists; however, no deaths associated with chiropractic care were found in the literature to date.'

The Journal's point is emphatic: there are no possible grounds for the Board to not immediately rescind its 'interim' guidance. Any delays may require escalation of the concerns expressed in this editorial.

The *Journal* notes that the CBA is actively involved with developing global regulation. (45) While we most certainly hope other regulatory bodies do not mimic this Board's restriction, no matter the jurisdiction in which you are reading this your practice is at danger of having children excluded. *The College of Chiropractors of British Columbia*, perhaps the less evidence-based regulatory body in Canada, has reviewed a chiropractor's role with children under 10 and reports:

'The Board has determined that the treatment of children with SMT does not present a significant risk to the public. Although the Board *will not pursue regulatory action at this time*, the CCBC continues to monitor the situation.' (46) [Emphasis ours]

On the other hand, the more mature Europeans report that:

'Chiropractic care is used increasingly in treatment of infants, including for infantile colic' (47)

... and have investigated the chiropractic care of infants with colic. (48) *The European Chiropractors' Union* presents seminars on '*Chiropractic Care for Children*'. (49)

The peak professional body in Australia, the ACA, states:

'Manual Therapies are valued by parents and form part of a comprehensive approach to paediatric care. Chiropractors can play an active role in monitoring development, motor skills, and wellbeing through assessments.' (50)

Another Australian professional body, *Chiropractic Australia*, states:

'Chiropractors commonly attend to the care of infants and children. Just as in the treatment of adults, when chiropractors are called on to care for children the treatment goals must not be in conflict with the best available clinical evidence. In situations where the available evidence is incomplete or poor it is important that parents are fully advised of the evidence base for the proposed treatment and that conservative goals are set. Commonly, a trial of treatment may be undertaken in such circumstances before making a final decision on the

44. 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](https://doi.org/10.1016/j.jmpt.2014.09.008). Epub 2014 Oct 30. PMID: 25439034.

45. International Chiropractic Regulatory Authority. ICRS Leadership. Accessed February 2022. URL <https://www.chiroregulation.org/leadership.html>

46. College of Chiropractors of British Columbia. News 30 September 2019. URL <https://www.chirobc.com/results-of-the-review-of-spinal-manipulative-therapy-in-children-under-the-age-of-10/>

47. Holm, L.V., Jarbøl, D.E., Christensen, H.W. et al. The effect of chiropractic treatment on infantile colic: study protocol for a single-blind randomized controlled trial. *Chiropr Man Therap* 26, 17 (2018). <https://doi.org/10.1186/s12998-018-0188-9>.

48. Holm, L.V., Jarbøl, D.E., Christensen, H.W. et al. The effect of chiropractic care on infantile colic: results from a single-blind randomised controlled trial. *Chiropr Man Therap* 29, 15 (2021). <https://doi.org/10.1186/s12998-021-00371-8>

49. Chiropractic Care for Children [Seminar]. European Chiropractors' Union. Accessed February 2022. URL <https://www.chiropractic-ecu.org/seminars/chiropractic-care-for-children/>

50. Australian Chiropractors Association. Chiropractic Care for Children. Accessed February 2022. URL <https://www.chiro.org.au/patients/about-chiropractic/chiro-and-kids/>

best course of management. This is especially important in cases where the primary symptom may be non-musculoskeletal in nature.’ (51)

Note that this ‘evidenced-based’ group specifically allows for the care of a child ‘where the primary symptom may be non-musculoskeletal in nature’, (39) and that the Europeans are specific with ‘colic’. We also note that *Chiropractic Australia (CA)*, is a body with influence on the CBA; in March 2013 the CBA received a submission by the *Chiropractors and Osteopathic College of Australasia (COCA)*, a forerunner of CA, which acknowledged repeated an opinion originated by the *General Chiropractic Council (GCC)* of the UK, to ‘inform’ the CBA. (52)

CA has, through its antecedents, long held the position supportive of the care of a child ‘where the primary symptom may be non-musculoskeletal in nature’; an Editorial (53) from 2010 stated: ‘all chiropractors who treat children should be adopting current best practice as proposed by the chiropractic profession itself. Chiropractic care for children was the subject of a recent consensus process, and chiropractors should be aware of this document and the recommendations contained within it.’

That editorial headed a special issue addressing the *chiropractic management of children* (54) and asked, regarding chiropractic and children, whether *more research was enough?* (55) The group has also published on ‘*Chiropractic diagnosis and management of non-musculoskeletal conditions in children and adolescents*’. (56)

Earlier, in 2005, Australians Jamison and Davies reported:

‘Chiropractors focus on the spinal care of their paediatric patient population. Despite a good safety record, in view of the vulnerability of the very young and the unusual presentation of certain serious medical conditions in this age group, team care of the very young would seem prudent.’ (57)

Conclusion

This *Journal* holds that it is a basic human right for all people, children of any age included, to have access to chiropractic care. It is untenable for the CBA to maintain its advisory guidance of 14 March 2019. Should the CBA decline to adopt the international Best Practice statement (29) then it must immediately revert to its guidance of 20 June 2017, while dropping the claim about ‘serious adverse events’ until it has evidence to support that position.

In a word, we must save the cost to public monies caused by dragging this issue further and act now to remove the CBA’s interim direction, noting that the supposed reason for its implementation did not, and does not, exist.

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51. Policy statement by Chiropractic Australia on paediatric care. August 2015. Chiropractic Australia. Accessed February 2022. URL <https://chiroaus.launchingsoon.com.au/wp-content/uploads/2021/06/Paediatric-Care-Policy.docx.pdf>
 52. Reggars JW. Letter and covered documents to the Chiropractic Board Australia. Chiropractic and Osteopathic College of Australia, Melbourne: 25 May 2013.
 53. French SD, Walker BF, Perle SM. Chiropractic care for children: too much, too little, or not enough? *Chiropr Osteop*. 2010;18:17. URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2890688/>
 54. Vallone SA, Miller J, Larsdotter A, et al. Chiropractic approach to the management of children. *Chiropr Osteop*. 2010;18:16. URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887887/>
 55. Leboeuf-Yde C, Hestbæk L. Chiropractic and children: Is more research enough? *Chiropr Osteop*. 2010;18:11. URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887886/>
 56. Ferrance R, Miller J. Chiropractic diagnosis and management of non-musculoskeletal conditions in children and adolescents. *Chiropr Osteop*. 2010;18:14. URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891801/pdf/1746-1340-18-14.pdf>
 57. Jamison JR, Davies NJ. Paediatric Patients Seeking Chiropractic Care: An Australian Case Study. *Chiropr J Aust* 2005; 35: 143-6. URL <https://search.informit.org/doi/epdf/10.3316/informit.579163941042517>

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Appendix

Request to shut down RMIT Chiropractic Paediatric Clinic - for teaching disproven treatments that target pregnant women, babies, infants. Source: URL <https://www.readkong.com/page/request-to-shut-down-1959626>

Also read

Campaigners call for university to close down children's chiropractic clinic in Melbourne. URL <https://www.bmj.com/content/342/bmj.d1977.full>

and

Marron LJ. Chiro for Kids? URL <https://search.informit.org/doi/pdf/10.3316/ielapa.201107859>