

The role of a Journal-of-Record in 2021.

Phillip Ebrall

Freedom, Truth, and Health are the three pillars of this *Journal*. Given the events of last year, If there was to be any certainty about what the world could face this year it could be simply stated as ‘*uncertainty*’. Issues that will face all chiropractors include the question of vaccine protection for the virus associated with the pandemic and lockdowns, specifically as it pertains to travel and border crossings.



Our position is that if we take a position that patients have the right to be informed, then we accept the obligation to first inform ourselves and then be fair and comprehensive in the guidance we offer. The right of a chiropractor to speak about vaccines in general is covered under this guideline from the *Chiropractic Board of Australia* (CBA): ‘*Chiropractors are obliged to provide balanced, non-biased information based on acceptable evidence to patients, so as to help them make informed health decisions.*’ (1) The steps for getting your mind into gear before your mouth goes into action are to take a very clear, defensible position on your particular scope of practice, determine your level of training to ensure you are competent to provide the advice you wish to offer, then to ensure that advice has ample reference to the literature, and finally, is given in a manner to inform and not to direct a patient to your preferred conclusion.

Practice privileges are well-established to allow the patient to make an informed choice; they do not provide for you to promote your individual point of view.

Improvements

The *Journal* is managed within a continuous quality improvement cycle. The first change evident from this issue is the simplification of our process of citation. Every paper exists on its own web-page and therefore has its own unique URL address. The citation string is now [author] [title] URL [www.apcj.net/\[unique page address\]](http://www.apcj.net/[unique page address]). We found the DOI system to be slow and cumbersome and realised all it achieved was a second web address for the same paper, a needless step. The *Index to Chiropractic Literature* remains the prime index for the *Journal*, and our pages carry sufficient metadata to allow open search engines to locate author and paper.

1. Chiropractic Board of Australia. The Board's position on providing health information. URL <https://www.chiropracticboard.gov.au/Codes-guidelines/Position-statements/Statement-of-Provision-of-health-information.aspx>

The *Journal* has also streamlined its landing page. Each of the top-line menus has its own drop-down that will take you straight to the paper. We have now a total of 16 case reports, 10 new papers in this issue (1.3), three long-reads under MasterCLASS, our columnists and reviews, and our 7 papers on both history or philosophy are now gathered under the one tab. There is one link on the second line and this is to the *Journal's* Professional Learning section. Here there are 3 papers each with additional content and a worksheet to guide about one hour of self-directed learning for you. Eventually there will be sufficient content here to meet the typical hours-of-learning required by different jurisdictions.

Progressive jurisdictions like Australia allow the chiropractor to select their own learning and document it appropriately; there is no longer a process of providers being required to gain approval for a certain number of CPD-points. Those jurisdictions that still dictate what is appropriate or preferred for you to learn need to adopt the 21st Century approach to professional development and the *Journal* recommends the Australian approach as the preferred model.

Our Mission

Our mission includes to foster new writers for the profession of chiropractic, and to this end we are pleased to publish papers by authors you may not yet be aware of. In this issue we have a number of people you may be yet to read. Among these fine folk is Dr. Robert Weissfeld who presents the first 2 papers in a series of 4 raising an hypothesis of muscularPTSD. The matter of '*Mind, trauma and muscle inhibition*' is embedded in the practice of chiropractic and Dr Weissfeld takes early steps to help us better understand it.

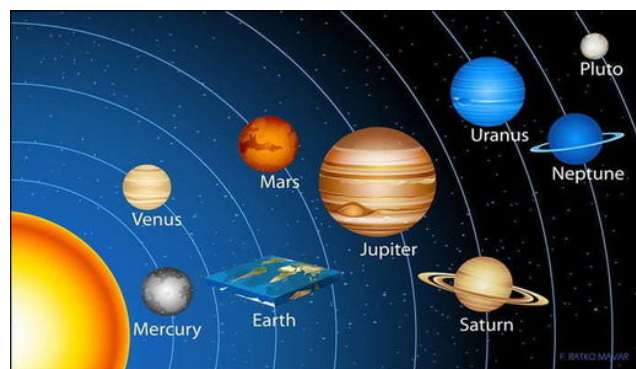
The *Journal* uses the term '*Exposition*' to describe a piece of work that explains something, and in this issue we have Dr Bennett's observations of elephants fighting. This delightful analogy has to do with paradigm change and Dr Bennett talks of 3 'game-changers' for our profession. In particular, Dr Bennett is now working to take Telehealth to a new level within chiropractic.

Two of our noted writers, Peter Rome and John Waterhouse, bring us 3 papers of a 5-part series examining subluxation in the chiropractic context. We see these papers as essential reading and a valuable explanation of evidence to challenge the few remaining subluxation deniers whom we liken to flat-earthers.

The idea of an association between small dysfunctions among vertebrae and altered health and function is entrenched in the medical literature. Dr Bovine has now dated the idea to about 3,000 BC, (2) which is earlier than my paper of last year which identified the idea in Egyptian writings of 1,600 BC. From Filler's paper we have these hieroglyphics for vertebrae ...

The profession must collectively move beyond denial and into a mindset of inquiry. After all, those colleges which have echoed the inane position of the UK's GCC to remove the teaching of subluxation as a clinical concept must answer the question of what it is they actually teach in the name of chiropractic? Chiropractic students have a right to be taught chiropractic as a specific system of health care, and not merely as a modality within manual therapy.

Fig. 1: The home of the subluxation deniers



Source: https://www.sott.net/image/s23/462716/large/Solar_System_Flat_Earth_Societ.jpg



2. Filler AF. A historical hypothesis of the first recorded neurosurgical operation: Isis, Osiris, Thoth, and the origin of the djed cross. *Neurosurg Focus*. 2007;23:1-6. DOI 10.3171/FOC-07/07/E6

The paradox is that while those who deny subluxation frequently claim there is no evidence for subluxation, a claim which is utterly false, they themselves lack any evidence for what they do. A reliance on an association between beneficial outcomes and a generic manipulation of a vague spinal region often depicted as medical manipulation is no longer good enough. It seems illogical to require more than a few weekends of training to impart these non-specific skills, and in turn this removes the justification for any institution to charge high fees for years of generic manipulative training which they call chiropractic or worse, chiropractic medicine.

British comedy

Another surety in 2021 is the continuation of the great tradition of British comedy, you know, the type of wit like that enjoyed in *Yes Minister* (3) which is so close to being true yet quite disconnected from reality. We now have an occasional series for chiropractors which addresses ideas that sound good on face value but are preposterous in reality. The idea for example that chiropractors should give vaccines.

These and other great ideas masquerade as *Leader's Interviews* and feature luminaries who seem more intent on chasing an Honour from the Queen than advancing our profession with truth and integrity. The host broadcaster is a YouTube channel called '*Society for Promoting Chiropractic Education*' which has, of course, nothing really to do with education apart from the active imagination of its cast. If you can spare 30 minutes or so that you will never get back, have a look at a sample of their work [here](#).

New relationships

In stark contrast, the *Journal* has a new relationship with a marvellous organisation in the UK and we give you the links under 'Practice Wisdom / Pandemic'. '*Rehab4Addiction*' offers a range of services we encourage you to look at and if you feel a resonance with one of the topics, please follow through, make contact, and have a conversation. There may well be services here that would benefit some of your patients and we bring you this opportunity as a sign that the Journal is putting its best foot forward to more strongly serve the chiropractic profession globally. It is an immense honour for us to find our little publication is enjoying strong acceptance in all corners of the world, and the content for this, our third issue and first for this year, has a wealth of wonderful reading for you.

The *Journal* is also now aligned with the *International Journal for Practicing Chiropractors*, a specialist repository of chiropractic case reports. Clinical Evidence as Case Reports is critical for strengthening the evidential base of chiropractic regardless of the efforts of the Australian regulatory authorities to diminish their value. Our relationship with IJPC means that we share case reports to our individual markets. In some cases this may lead to the one report being indexed twice but this is not an ethical issue when it is knowingly occurs with the consent of both parties.

It is also not an issue for researchers as retrieved results are always filtered to remove duplicates. The greater value is the wider dissemination of valuable clinical information including the new category we are pioneering, that of Primary Evidence.

The role of Primary Evidence is to be a first report, in practitioner language, of an interesting observation presented with less scholarly rigour than those we accept as Clinical Evidence in the form of a structured Case Report. In this issue we have a first report of a dog with a video clip showing its remarkable recovery from hind paralysis with an upper cervical adjustment, and a report of a challenging presentation by a young girl with complicated Coeliac Disease.

3. Yes Minister. URL <https://www.imdb.com/title/tt0080306/>

Sports chiropractic

Our landing page has a stunning clip which publicised the recent Paralympic Games in Rio. Titled 'Yes I can' it is a wonderful expression of the power of positive thinking. The clip is used with the permission of the Olympic Movement and signals to our readers that the *Journal* is an advocate of chiropractic's involvement with athletes of all abilities. In particular, the *Journal* supports FICS and if you have an interest in contributing to their work in caring for athletes in events around the world, then write to [Trish Donoghue](#) and visit their [website](#). If you are in the Asia-Pacific region, write a note to [Dr Martin Camara](#) in Manila. We also have the clip of the proposed Paralympics for this year which, at the time of writing, may or may not go ahead.

Atrocious medical practice

Rome and Waterhouse make a specific point with illustrations from Cyriax in their paper '[Differentiating chiropractic articular adjustments from manipulation](#)'. The intent is to demonstrate the skills-chasm between medical manipulators and trained chiropractors. All readers should have a familiarity with the crudity of Cyriax and will dismiss it as being outdated and dangerous.

However it comes as a shock therefore to find almost the same images in a 2013 textbook on medical manipulation. Marketed by Elsevier as '*reliable resource and guide for those clinicians working in the field of orthopaedic medicine who assess and treat the effects of musculoskeletal pain*' (4)

This is Figure 11.3 (a) showing '*slight traction*' of the cervical spine. A sense of respect for the finesse of chiropractic techniques prevents us showing you images for '*full traction*', '*straight pull*', and most frighteningly, Figs. 11.6 (a) and (b): '*rotation during traction*' and '*full rotation during traction*.' (1, p. 292 URL https://www.orthopaedicmedicineonline.com/downloads/pdf/B9780702031458000119_web.pdf)



All that can be said is that is gross manipulative procedures like these which are acceptable to medicine are a dramatic counter-point to the finesse of the chiropractic adjustment. It can never again be said that cervical manipulation by trained chiropractors is dangerous, and negative sequela from a chiropractor's intervention must be more associative than causative. One suspects

4. Ombregt L. A system of orthopaedic medicine. 3e. Edinburgh: Churchill Livingstone 2013. URL <https://www.elsevier.com/books/a-system-of-orthopaedic-medicine/ombregt/978-0-7020-3145-8>:

that Ombregt must maintain safety in practice otherwise he would not have become a teacher of manipulation within medicine, which can only point to the remarkable resilience of the human body to gross manipulative procedures.

The greater lesson of which chiropractic regulatory authorities and its educators must take heed of is the gulf between ‘*manipulation*’ and the ‘*chiropractic adjustment*’. The idea that the chiropractic profession must dumb-down its manual skills by describing them in terms acceptable to medicine is abject nonsense, and it is past time that chiropractic educators raised their own skills base and taught the difference between the adjustment and manipulation.

Also, when inquiries such as that held recently by Safer Care Victoria (5) critically investigate our profession, it is no longer acceptable for our profession’s representatives on such panels to allow abuse of language by not differentiating between the chiropractic adjustment of a child and the practice of manipulation.

A concern for us all

In this issue we publish a report by Jen Barham-Floreani on why she has handed in her registration to practice in Australia. It is a disturbing message but one we must document and understand.

Barham-Floreani is not the only Australian chiropractor to forgo registration in that country due to alleged ongoing harassment of the CBA and its attack dog, the *Australian Health Practitioner Registration Agency* (AHPRA).

The *Journal* is undertaking a special inquiry into a number of matters raised by decent, responsible chiropractors which seem to fall well outside the simple brief to protect the public.

The *Journal* would like to hear from registrants in any jurisdiction who feel they have been unfairly targeted or had restraints of trade imposed on them. We shall report in due course.

Phillip Ebrall

Editor

pebrall@me.com

Cite: Ebrall P. The role of a Journal-of-Record in 2021 [Editorial]. *Asia-Pac Chiropr J.* 2021;1.3. URL www.apcj.net/editorial--ebrall-january-2021/

-
5. Safer Care Victoria. Chiropractic spinal manipulation of children under 12: Independent review. Melbourne, Victoria: Victorian Government, Oct. 2019 {cited on 30th May 2020}. PDF available from <https://www.bettersafecare.vic.gov.au/reports-and-publications/chiropractic-spinal-manipulation-of-children-under-12>.