

# The war for control of Chiropractic is taking place inside our heads: Moments of Truth, or:

- Does the Canadian wackiness ever end?
- Will Hong Kong's new college be killed by The British Empire's 'old guard'?
- When will you sell-out to Amazon?

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Phillip Ebrall

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**Abstract:** Elsewhere in this issue I state '*Chiropractic is the diagnosis and management of the neuromusculoskeletal system of the human body*' and discuss the emergent problem of an increasing shrinkage of the constitutional framework of the discipline where current arguments continue to remove reference to subluxation from the profession's lexicon, even flagitiously mandating against teaching the idea within its natural context.

In this editorial I give some examples of the good work being done to carry our profession to greatness, and balance that with some examples of wackiness from Canada and the United States of America, and once again from the usual dismal suspects in Europe.

I am starting to think that Australia is one of the better places in the world to practice Conventional Chiropractic, yet offer caution that this may be about to change.

Above all I hold that a Chiropractor carries spontaneous unspoken trust in what they see and feel, and conclude with a marvellous video of a Philosophy discussion about how strongly we can '*know things*' from our patient's testimony.

**Indexing Terms:** chiropractic; subluxation; Canada; Hong Kong; Amazon; patient testimony; ethics.

## Introduction

With a title as complex as chosen for this editorial it is challenging to find a beginning. I will start with the *Amazon* issue, given its potential for disruption at a global level, and then discuss the wackiness some call stupidity in *British Columbia, Canada*, touch briefly on what I may be seeing *Hong Kong*, and finish with some assorted matters that I find interesting.

My main concern is the lack of professional ethics in the first 3 matters in particular, and in general for actions which may serve somebody's personal interest and desire for profit while unpicking the delicate threads which hold the profession together.

... The doctoral-level research of Tanja Glucina on the topic of our Professional Identity is warmly welcomed, however she and I differ: Tanja considers you to be a 'Centrist' while I hold you are 'Conventional' ...'



Donald Petersen of *Dynamic Chiropractic* has reported (1) the trend of *Amazon* buying up Chiropractic clinics in the same manner as they are disrupting medical care in the United States.

Petersen says 'the trend in hospital and corporate acquisitions of medical physician practices and MD employment has *increased significantly* in the U.S. over the past few years, to the point that "74% of physicians were hospital or corporate-employed by January 2022.' He adds that this trend is also being seen in chiropractic: 'A very small percentage of chiropractic practices are being purchased with the DCs becoming employees, rather than private practitioners. It is likely that we will see this trend continue in the future'. (2)

Early reports suggest that DCs who participate in these arrangements see a never-ending stream of referrals as a benefit from being 'inside the system'. We see this as 'being pushed through controlled narratives. And through media that's designed to say to you: "Don't think for yourself. Don't question anything, you're not an authoritative source". You should trust and believe them no matter what – which means don't think for yourself'. We disagree.

Will you be a Chiropractor tomorrow? Or an *Amazon* employee? Who will do your thinking?

### The Canadians

I appreciate it is unfair to characterise Chiropractors on a national basis, but really, Canadians may be an exception. On the East Coast of Canada a college called CMCC hardly sets an example by formally denying subluxation. (3) On the West Coast the *British Columbians* have surrendered their identity as Chiropractors and will now be simply members of the *College of Complementary Health Professionals of British Columbia*, (4) the name for the new multi-profession regulatory college that ranks all Chiropractors alongside massage therapists and others with inferior training.

I see this as an appalling indictment on the former *BC College of Chiropractors* but am not surprised given their past ignorance of Chiropractic standards for X-rays, and their past vacillation against the Chiropractic care of children.

Worse, I can see this happening in Australia under that country's far-left Federal government and insipid regulatory Board. What will Australian Chiropractors do about it?

### The Australian Government

We are not just focussed on the behaviour of the Chiropractic politicians in *British Columbia*, but also the shenanigans of Australia's Federal *Department of the Prime Minister and Cabinet*. Australia has a left-wing Federal Government and the Prime Minister's Department is headed, as Secretary, by the former Vice Chancellor of Australia's leading but left-leaning *University of Melbourne*, *Glyn Davis*. This left-leaning Department of a left-wing PM led by a left-wing form VC *has collated over 2,000 submissions* about the 'COVID serum' issue in Australia, and believe it or not, some of the submissions, including #0623 from the *Patrons of Chiropractic Science* have been redacted.

The *Journal's* Editorial Board has never before seen redacted sections in Submissions to the Australian parliament. This is a first, as the standard practice is that a submission with the author's approval to publish, is published without redaction.

This is a matter of concern and suggests the 'COVID nonsense' especially the failure of untested serums and the state lockdowns including limitations to not travel further than 5km from one's home during the height of the stupidity, all with the complete absence of evidence and mostly 'made up on the spot', is simply part of a bigger agenda driven by Big Pharma and the WHO.

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1. Petersen Jr D. Amazon Chiropractic? March 2024. [https://dynamicchiropractic.com/article/102245-amazon-chiropractic?utm\\_source=DCNU&utm\\_medium=Standard&utm\\_campaign=20240226&utm\\_term=2&utm\\_content=102245&s=123247&l=13](https://dynamicchiropractic.com/article/102245-amazon-chiropractic?utm_source=DCNU&utm_medium=Standard&utm_campaign=20240226&utm_term=2&utm_content=102245&s=123247&l=13).
  2. Peterson Jr D. Is Amazon a Threat to Chiropractic?. <https://dynamicchiropractic.com/article/59322-is-amazon-a-threat-to-chiropractic>
  3. The International Chiropractic Education Collaboration. Clinical and Professional Chiropractic Education: a Position Statement. <https://www.cmcc.ca/documents/international-chiropractic-education-collaboration-position-statement.pdf>.
  4. CEO Appointed for Future Multi-profession College. College of Chiropractors British Columbia. <https://www.chirobc.com/ceo-appointed-for-future-multi-profession-college/>

On this Masthead's *Home Page* we carry a frightening record of evidence from a highly experienced pilot, given to a Senate Hearing. Find it on our Home Page (select at the top of your browser) or go *direct to the Youtube clip here*. Read more and comment on Senator Malcom Roberts' site *here*.

## Hong Kong

A significant rift has appeared in the Chiropractic profession in Hong Kong. For many years, while *Hong Kong* was a *British* colony where a few 'British' chiropractors established themselves and built successful, high-income practices. They became respected members of the global Chiropractic community.

From 1997 *Hong Kong* became a Special Administrative Region of the *People's Republic of China* and a new wave of Chiropractors have emerged and are building extensive health care networks.

This *Journal* notes the emergence of formal Chiropractic education in *Hong Kong* in which *McTimoney Chiropractic College* of England is establishing a program in conjunction with one of the emerging health networks which is centred on the provision of Chiropractic services. (5)

The *Journal* has been informed of provocative interference with this project and is actively investigating. We will report in due course, but sincerely hope we do not uncover a case of an old guard fighting against a new guard of Chiropractors working to make significant advances for the profession, particularly in education.

Given my own role in education in the East Asia region I must declare that I have nothing to do with any educational program in Hong Kong and can only wish them every success.

## Assorted matters

### *Are traditional Chiropractors 'centrists' or 'conventional'?*

Tanja Glucina is doing some wonderful work (6, 7, 8, 9) for her PhD thesis on the professional identify of contemporary chiropractors. The *Journal* is supportive and celebrates her findings. In the true spirit of academia I will here, as a colleague, raise a point of difference with Tanja's latest report given she is working in a field with which I am also engaged through research.

Dr Glucina refers to the general, run of the mill Chiropractor as a '*centrist*' while I call them '*conventional*'. I have no questions with her methodology and findings however my work tells me I must reject the term '*centrist*' on the basis of it being a made-up term from Christopher Good (cited by Tanja) who provided no evidence of any original work by him, nor any work of others, to support his assertion in his 2010 paper introducing the term. (10)

Indeed, Good (10) through homily seems to draw a parallel with politics to extract '*centrist*' as a position between a '*left*' and a '*right*' wing. Already in this editorial I have used the political category of '*left wing*' in relation to the Australian government, but I am yet to find any evidence of there being a '*left*' or even a '*right*' wing within either the discipline or profession of Chiropractic.

Indeed, in a 1996 commentary in a trade magazine '*Who are the left-wing and right-wing chiropractors?*' (11) Seaman concluded as I do that there is no '*right wing*.' He also concluded there is

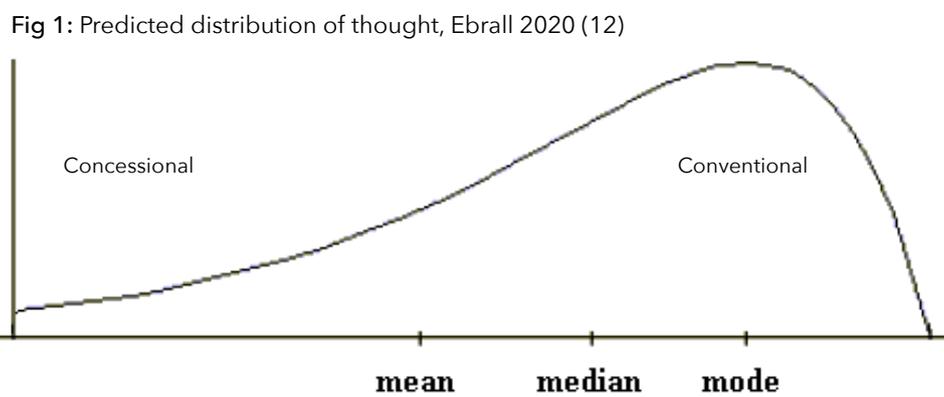
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5. McTimoney opens in Hong Kong. 27 March 26. <https://mctimoney-college.ac.uk/news/mctimoney-opens-in-hong-kong/>
  6. Glucina TT, Krägeloh CU, Farvid P. Chiropractors' Perspectives on the Meaning and Assessment of Quality of Life Within Their Practice in New Zealand: An Exploratory Qualitative Study. *J Manipulative Physiol Ther.* 2019;42(7):480-491. DOI: 10.1016/j.jmpt.2019.02.010.
  7. Glucina TT, Krägeloh CU, Farvid P, Holt K. Moving towards a contemporary chiropractic professional identity. *Complement Ther Clin Pract.* 2020;39:101105. DOI 10.1016/j.ctcp.2020.101105.
  8. Glucina TT, Krägeloh CU, Spencer K, et al. Defining chiropractic professional identity: A concept analysis. *J Bodyw Mov Ther.* 2023;35:75-83. DOI 10.1016/j.jbmt.2023.04.047.
  9. Glucina TT, Krägeloh CU, Spencer K, et al. Development and validation of the Chiropractic Professional Identity Embodiment Scale (CPIES). *Complement Ther Clin Pract.* 2024;55:101840. DOI 10.1016/j.ctcp.2024.101840.
  10. Good CJ. The great subluxation debate: A centrist's perspective. *J Chiropr Hum.* 2010;17:33-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3342801/pdf/main.pdf>
  11. Seaman DR. Who are the left-wing and right-wing chiropractors? *The American Chiropractor.* 1996;May/June:20.

no 'left-wing,' which seems correct in today's terms. I cannot make any scholarly argument which would support a 'wing' in the profession, left or right, and it follows that there is no 'centre' and thus, no 'centrists'. I argue that Good has published an idea of centrism for which he has no evidence. He makes a presumption of a Gaussian distribution of chiropractic identity after reports by others.

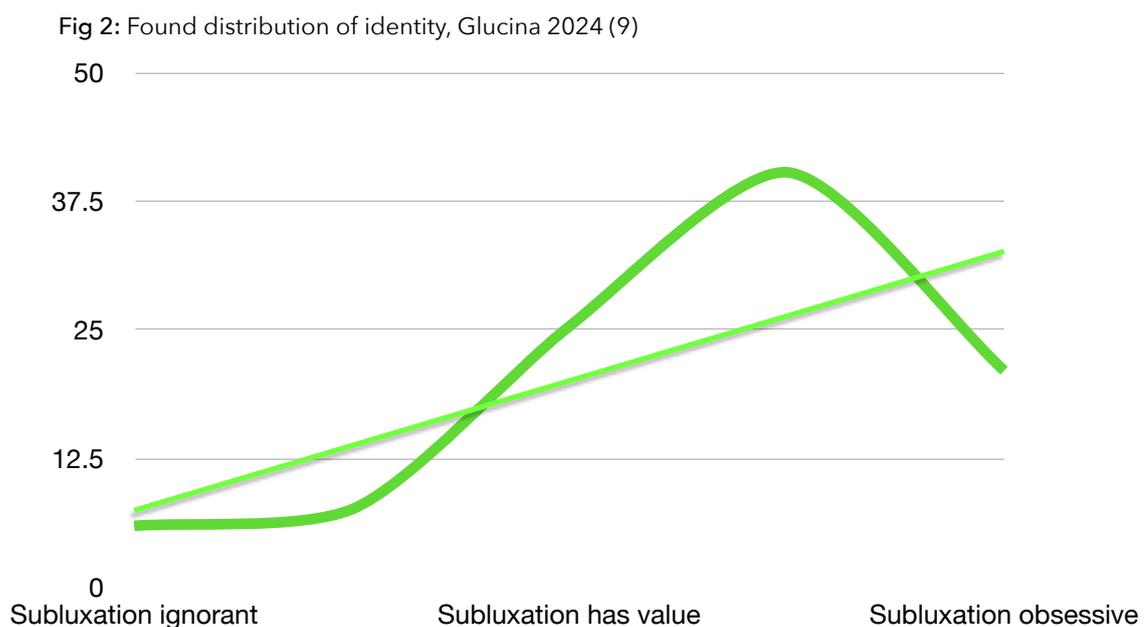
I think it is sloppy to presume a Gaussian distribution as I previously discussed in detail in my paper (12) on the matter where, based on published reports with data, I predicted a unimodal but skewed distribution of thought within the discipline of Chiropractic (Figure 1).

I appreciate it is enticing to think of one group of Chiropractors, perhaps the post-realists who deny subluxation as being to the 'left', which perforce means those who go overboard with subluxation would be a 'right' in the profession. I have reported that the majority of Chiropractors are Conventional, follow Palmerian principles and seek to identify and correct subluxations.

I see there is much more evidence for me to use the term 'conventional' over 'centrist' and I give my chart showing my predicted distributions as first published in 2020. (12)



When Glucina's found data is charted to display her found distribution it is of interest to note the similarity between her findings and my predictions. The shape of the distribution curve is essentially the same, as unimodal with a left skew. The categories in Figure Two may be approximate however the values are real, and all are taken from Glucina. (9) These two non-Gaussian, unimodal skewed distributions exclude any possibility of a 'centre', thus Glucina's 'centrists', after Good, can not exist.



12, Ebrall P. The conventional identity of chiropractic and its negative skew. J Contemp Chiropr. 2020;3(1):111-26. <https://journal.parker.edu/index.php/jcc/article/view/133>.

### Great news for a great paper

Chu ECP, Trager RJ, Lee LYK. et al. A retrospective analysis of the incidence of severe adverse events among recipients of chiropractic spinal manipulative therapy. *Sci Rep* 13, 1254 (2023). <https://doi.org/10.1038/s41598-023-28520-4>

This paper is ranked the third most downloaded *Scientific Reports* research paper published in 2023. (13) That Journal features authors from around the world and their papers highlight valuable research from an international community.

We congratulate Eric Chu and his team for their achievement.

### On the other hand ...

The medical researchers in this Brazilian paper (14) found that both patient position and regional spinal manipulation can affect the autonomic nervous system. They conclude '*manipulation corrects subluxations*' and they propose neurological effects.

I guess it is one thing for medical researchers to now be talking about correcting spinal subluxations and noting neurological effects, but imagine how much better the results could be when they figure out that Chiropractors are segment-specific adjustors, not regional spinal manipulators.

As the *ASRF Case Report Project* is showing, the conventional Chiropractic approach achieves remarkable clinical outcomes.

### It is a 'yes' for plain radiography in Chiropractic practice

Three or so years ago I was in the audience at the annual conference of Australia's peak professional association (the ACA), listening to an academic from Macquarie University telling Chiropractors they should not be X-raying patients except in exceptional circumstances.

The speaker clarified that he was reciting guidelines for the use of radiographs in medical practice, and when I questioned the relevance of this to Chiropractic he replied '*these are THE guidelines*'. What a load of tosh. There are a number of papers addressing the role and importance of X-ray in Chiropractic practice, with guidelines, and this work from Arnone et al is just the latest. (15)

Subtitled a '*Unique Component of Spinal Assessment and Predictive Health*' it is generally supportive of the importance of plain radiography for biomechanical measurements and encourages a greater focus within Chiropractic to better explain and defend its use. Deed E Harrison, of CBP<sup>®</sup> offered positive comments with the paper's listing in *ResearchGate*, and this is a good sign from one who has perhaps conducted the greatest amount and depth of research on radiography in Chiropractic.

Also, Roger Coleman has published a wonderful paper (16) which reports '*common reasons for requesting radiographs*' and finds an association with common radiographic findings. He and his co-authors also report that '*age has a significant effect on the frequency of findings*'. We commend this paper to all academics especially those who serve as Clinicians for students in institutional clinics.

The *Journal's* position is that it prefers to publish patient X-rays with its Case Reports, and some we have seen represent an exquisite use of a valuable clinical tool. I like X-ray as I prefer to see the nature of the structures into which I am planning to direct my therapeutic and corrective forces; '*to not see is to guess, and I refuse to guess with my patient's health*'. Above all, we must do no harm.

### Chalk and cheese

On the one hand we now have a wonderful paper from Realist Chiropractors as '*An Integrative Review Exploring the Salutogenic Influence of Chiropractic Care on the Neuroendocrine-Immune*

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13. Journal top 100 of 2023. *Scientific Reports*. <https://www.nature.com/collections/ieafgbifa>

14. Marques APO, Lima CED, Silva LG, Alves LS, Lopes-Junior JEG, Vanderlei ES, Neves EA. Acute Effect of Vertebral Manipulation Technique on the Autonomic Nervous System. *Brazilian Journal of Clinical Medicine and Review*. 2024 Jul-Sep;02(3):3-1.

15. Arnone PA, McCanse AE, Farnen DS, et al. Plain Radiography: A Unique Component of Spinal Assessment and Predictive Health. *Healthcare*. 2024; 12(6):633. <https://doi.org/10.3390/healthcare12060633>

16. Coleman RR, Cremata EJ, Lopes MA, et al. The associations of common radiographic findings to age and to the reasons commonly given for ordering X-ray imaging in a Chiropractic College clinic: A cross-sectional quantitative study. *J Contemp Chiropr*. 2024;7(1):14-27. <https://journal.parker.edu/article/92700-the-associations-of-common-radiographic-findings-to-age-and-to-the-reasons-commonly-given-for-ordering-x-ray-imaging-in-a-chiropractic-college-clinic>

*System'* (17) while on the other, we have more drivel from the European post-realists, (18) mostly untrained in Chiropractic, perpetuating their favourite fables and myths.

The authors of the first paper (17) 'get' the idea of Chiropractic and are progressive in their exploration of its future growth, expansion, and development, especially in a patient-centric manner. The post-realists (18) are only capable of being negative and regressive and it does a grave disservice to the profession for the same tired trope to be yet again be regurgitated.

In spite of the published evidence, patient feedback/experiences, patient demand, and increasing focus on subluxation in Chiropractic professional practice, Leboeuf-Yde and her colleagues continue to push the outdated '*subluxation as dogma*' line; this is not an adroit academic move, it is much more a nasty indicator of intellectual impoverishment.

The real issue at play with this latest paper is their wilful ignorance of the current position in Chiropractic. Rather than offering cordial debate and discussion as has been called for, (19) they use their perceived eminence to state their position as the line in the sand which all Chiropractors have to cross to align with their myopic, post-realist and at times, absurdists views. (19)

The world of academia does not work the way these authors would like, which may be the cause of their isolation and arrogance. Thankfully the real world of the conventional Chiropractor, the realist 'DC', has no interest in their propositions. The real world 'speaks chiropractic', engages with 'case reports', and participates in sub-discipline symposia (AK, SOT, Gonstead to name just three). They speak their dialect of the discipline, often at team-building Philosophical gatherings and have no interest in non-practising academics telling them what they have to believe.

Their false idea, stemming from dated work by Walker, (20) previously rejected, (21) of their being a fracture line in the profession gets another outing and this time these academics call for a commitment to be made. Of course they want all Chiropractors to drop the idea of subluxation and prostrate themselves before the altar of their false idol of EBM.

Believe it or not, this *Journal* supports their call for commitment, and urges this minority to commit to leave the Chiropractic profession and to gathering themselves as, perhaps '*paramedical manipulators*'. The once-were-Chiropractors in *British Columbia* have done so and I argue that this mob should join them.

They are not, and cannot be, Chiropractors in any sense of the word. The sooner the Chiropractic discipline shakes off these pretenders and parasites on our good name and high repute, the better. This is a proposition which I will progress elsewhere.

### *It gets worse*

Florida's troubled *Keiser College of Chiropractic Medicine* which has challenges in holding its accreditation (22) has signed-on to the anti-subluxation hate-group statement '*The Chiropractic Education Position and Implementation Statement*' (23) part of which reads:

'The teaching of vertebral subluxation complex as a vitalistic construct that claims or implies that it is the cause of or contributes to disease is unsupported by evidence. Its

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17. Haas A, Chung J, Kent C, et al. (March 15, 2024) Vertebral Subluxation and Systems Biology: An Integrative Review Exploring the Salutogenic Influence of Chiropractic Care on the Neuroendocrine-Immune System. *Cureus* 16(3): e56223. [Link](#).
  18. O'Neill S, Nim C, Newell D, et al. A new role for spinal manual therapy and for chiropractic? Part I: weaknesses and threats. *Chiropr Man Therap* 32, 11 (2024). <https://doi.org/10.1186/s12998-024-00531-6>
  19. Ebrall P. Changing chiropractic's subluxation rhetoric: Moving on from deniers and vitalists to realists, post-realists, and absurdists. *Asia-Pac Chiropr J.* 2022;3.3. [apcj.net/Papers-Issue-3-3/#EbrallRhetoric](http://apcj.net/Papers-Issue-3-3/#EbrallRhetoric)
  20. Walker BF. The new chiropractic. *Chiropr Man Ther.* 2016;26(26):<http://chiromt.biomedcentral.com/articles/10.1186/s12998-016-0108-9>.
  21. Ebrall PS, Murakami Y. Do we need a 'new' chiropractic? Or do we already have it? *Japanese J Integrative Med.* 2016;9:1-5.
  22. Keiser College of Chiropractic "Medicine" Placed on PROBATION by CCE for "Significant Non-Compliance". *The Chiropractic Chronicle.* <http://chiropractic.prosepoint.net/179888>
  23. The Chiropractic Education Position and Implementation Statement. [https://www.sdu.dk/en/om\\_sdu/institutter\\_centre/iob\\_idraet\\_og\\_biomekanik/uddannelse/icec/the\\_education\\_position\\_statement](https://www.sdu.dk/en/om_sdu/institutter_centre/iob_idraet_og_biomekanik/uddannelse/icec/the_education_position_statement)

inclusion in a modern chiropractic curriculum in anything other than an historical context is therefore inappropriate and unnecessary’.

This is a *Statement* which originated with Leboeuf-Yde (*Southern Denmark University*) and Giuriato (*Macquarie University*) and a minority of Colleges pay some heed to it with most dropping the above ‘*Statement 5*’. We would kindly suggest that the management of Keiser would be better placed to put students ahead of politics and instead focus of getting its curriculum and assessment processes into good shape.

#### *Meanwhile, in America ...*

As a sign that the ‘*Spinal Cartel*’ in the USA is coming apart, *The Chronicle of Chiropractic* has noted that the *Vermont Board of Chiropractic* is exiting the *Federation of Chiropractic Licensing Boards*, and that Arizona Senator Janae Shamp has ‘*cast a shadow over the Arizona Chiropractic Board of Examiners led by Wayne Bennett DC. Senator Shamp, representing Legislative District 29, has taken a stand against what she describes as misconduct, a lack of transparency, and an overreach by the Chiropractic Board*’. [Read more here](#).

The *Journal* values the reporting of staff at *The Chronicle* and recommends you [bookmark this link](#) and visit frequently.

#### *On the matter of patient safety*

This recent paper (24) kindly spotted by Dr Joseph Ierano, leads us to consider clarification in the information we gather at patient intake.

The paper concludes ‘*A causal relationship of fluoroquinolone antibiotics to cervical artery dissection is plausible. The suppositions developed in this paper are insufficient to suggest that fluoroquinolones currently represent an established risk factor in the development of cervical artery dissections. Fluoroquinolones may indeed be a novel and previously unrecognized cause of cervical artery dissections*’. (24)

#### *New project from Clinical Compass*

In my experience Chiropractors are not welcoming of ‘guidelines’ telling them how to practice. In the day I was part of *The Guidelines for Chiropractic Quality Assurance and Practice Parameters (Mercy Guidelines)* (25) which, in hindsight, failed due to over-politicisation. Also I led the process initiated by vitalistic then-President Dennis Richards of the *Chiropractic Association of Australia* to develop the *Clinical Parameters of Australian Chiropractic Practice*. With the natural change of President, the guidelines were cancelled after they were completed; the new President, whom I shall not name, pulled them at the last minute because he insisted nobody would tell him how to practice.

The irony remains that the Australian document was descriptive and a ‘state-of-the-art’ documentation of the standards which Australian Chiropractors had already implemented. As Lead Author of the report I was later advised in writing by Dr Andrew Lawrence, at that time another President and one who participated in the decision to ‘kill’ the Guidelines, that I would be challenged legally were I to dare even mention that project in the future. The document had been lodged with the *University Library of RMIT* but with that institution ending its Chiropractic program, who knows what has happened to that indexed copy. However I still hold in my Library the incredible work by the team of a 100 or so practitioners who, over a year, produced a very good and important report.

And so it may be with *Clinical Compass*. While their intent is good, I doubt that their guidelines will contribute anything other than to serve a political purpose for Associations and similar groups.

This notwithstanding, *Clinical Compass* has a new guideline project tentatively titled: *Chiropractic Management of Adults with Cervicogenic or Tension-Type Headaches: a Systematic Review and Clinical*

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24. Demetrious JS. Spontaneous cervical artery dissection: a fluoroquinolone induced connective tissue disorder? *Chiropr Man Therap*. 2018 Jul 9;26:22. DOI 10.1186/s12998-018-0193-z.

25. The Guidelines for Chiropractic Quality Assurance and Practice Parameters (Mercy Guidelines) . World Chiropractic Alliance. <https://worldchiropracticalliance.org/mission-of-the-world-chiropractic-alliance/position-paper/the-guidelines-for-chiropractic-quality-assurance-and-practice-parameters-mercy-guidelines/>

*Practice Guideline.* Part of the process is to get public comments to incorporate into the recommendations.

They have just completed an extensive Delphi panel consensus process with 57 DCs and other health professionals, achieving an unprecedented level of consensus. [You can find out more here](#) about how to offer input which is an essential part of the process.

#### *A final thought*

This video clip is highly relevant to Chiropractors as it argues that ‘*evidence*’ is epistemological justification, and ‘*one of the sources is testimony*’, which is not our own work, but that of others.

The conversation proposes that what ensues is science in which falsification has value and asks, can the testimony reported in case reports be proven wrong?



I think the ‘*affective sensibility of trust*’ is a hallmark of conventional Chiropractic care, and a further reason why I have earlier (26) reconstructed the medical hierarchy of evidence on which their passing fad of EBM was based.

My argument is a fresh interpretation of Sackett’s premise, describing and depicting that there is a more relevant way to assess evidence in the fields of Chiropractic in general and subluxation in particular and that this approach reflects the clinical validity of Palmer’s major premise on which the discipline is built.

I think the bottom line is that ‘*given the patient-centred nature of chiropractic which is mostly if not always an ‘N of 1’ encounter, the chiropractor is obliged to treat the patient and not a guideline*’. The new hierarchy pyramid allows the evidence to be gathered in a manner which better supports the Chiropractic encounter. You may [read more here](#).

In the clinical environment the patient’s report to you is a testimony to how they, as an individual, are responding to your care, see Figure 3. The *ASRF Case Report Project* is placing a greater emphasis on ‘*patient testimony*’ as you will see in the cases we have published in this issue.

Phillip Ebrall

Editor

BAppSc(Chiropr), GC Tert Learn Teach, MPhotog, PhD, DC (Hon), FACCS, FICCS

Research Scientist: History and Philosophy - Chiropractic [Field 220299]

[pebrall@me.com](mailto:pebrall@me.com)

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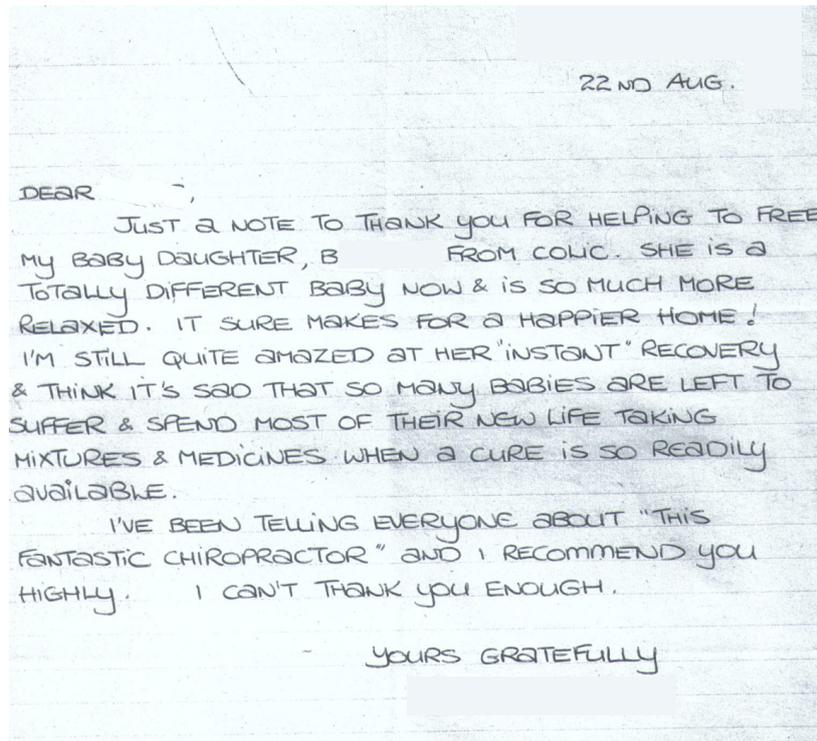
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26. Ebrall P. A more inclusive evidence hierarchy for chiropractic. *Asia-Pac Chiropr J.* 2021;2.2. [www.apcj.net/papers-issue-2-3/#EbrallEvidencehierarchy](http://www.apcj.net/papers-issue-2-3/#EbrallEvidencehierarchy)

**Fig 3:** An example of patient testimony, selected at random from a practitioner's files.

The clip on the preceding page asks 'how can this be falsified, ie, proven wrong?' The answer is of course, that it can't.

Ironically, evidence at this level is rejected by the *Chiropractic Board of Australia* and action would be taken against the practitioner for allowing this to be published were the *Journal* to identify him or her; which we shall not do.



22ND AUG.

DEAR \_\_\_\_\_,

JUST A NOTE TO THANK YOU FOR HELPING TO FREE MY BABY DAUGHTER, B \_\_\_\_\_ FROM COLIC. SHE IS A TOTALLY DIFFERENT BABY NOW & IS SO MUCH MORE RELAXED. IT SURE MAKES FOR A HAPPIER HOME! I'M STILL QUITE AMAZED AT HER "INSTANT" RECOVERY & THINK IT'S SAD THAT SO MANY BABIES ARE LEFT TO SUFFER & SPEND MOST OF THEIR NEW LIFE TAKING MIXTURES & MEDICINES WHEN A CURE IS SO READILY AVAILABLE.

I'VE BEEN TELLING EVERYONE ABOUT "THIS FANTASTIC CHIROPRACTOR" AND I RECOMMEND YOU HIGHLY. I CAN'T THANK YOU ENOUGH.

YOURS GRATEFULLY  
\_\_\_\_\_