

An interpretation of the Safer Care Victoria Review into Chiropractic spinal manipulation of children under 12: Its ambiguity, internal contradictions, and inconsistencies

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Abstract

Introduction: A Safer Care Victoria (SCV) review of chiropractic manipulation of children under 12 appears to have been misinterpreted and misquoted in the media and elsewhere. (1) The Review's recommendation did not ban spinal manipulation of children, it did however, advise all four professions who provide the manual therapy should not provide spinal manipulation of the cervical spine for children under 12 years of age for a certain range of conditions as it claimed there was a lack of evidence of safety or efficacy. (Recommendations 2, 5, 6, SCV p 6, 7) There was no recommendation for a ban on Chiropractic spinal manipulation, due to the lack of evidence of harm.

Although not specified in 2020 or 2023, in June 2024, the Chiropractic Board of Australia (CBA) 'reinstated' its '2020 interim policy' regarding paediatric patients of 2-years of age. (2 - 5) This followed a request of health ministers (COAG) due to 'community concerns' attributed to a misinterpretation of Chiropractic manipulative techniques. It is not known how the two years of age limit was derived in June 2024, as no evidence was cited. Board chairman Dr Wayne Minter stated '*Following a request from health ministers in June, the Board has reinstated the interim policy on the spinal manipulation of children under two years of age, pending further consultation with ministers.*' (4)

The authors could not locate where the aged 2 years limit advice or evidence had been published earlier in any CBA statement.

Claims in the SCV Review that there was little evidence to support the involvement of Chiropractors in the limited range of non-musculoskeletal conditions that were studied. (SCV p24) We produce examples of evidence which tend to contradict such claims of limited evidence.

Objective: It would seem that the SCV recommendation has been misinterpreted by health authorities and reflected incorrectly by the media, that a ban on manipulating the spine of under 12-year-old children was recommended and implemented.

The recommendation stated '*Spinal manipulation, as defined in Section 123 of National Law, should not be provided to children under 12 years of age*'. (SCV p 2) This statement did not advocate a ban as it recommended only that treatment *should not* be provided '*for the management of the following conditions*' (p 6), as it claimed there was '*weak*' evidence to substantiate it.

It was not stated that spinal manipulation should not be administered due to imagined harm.

Method: A critical analysis of the SCV Review was conducted. A search of The Index to Chiropractic Literature was undertaken with key words placed in the All Fields search box. A PubMed search was also undertaken with emphasis on the European medical literature and on the limited number of Chiropractic journals listed on the PubMed portal.

Review: The SCV Review states: ‘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’. (p 6) We challenge the narrow term of reference of this study by Cochrane Australia as it denied many studies and clinical reports which would have been applicable under different terms. And we note that other manipulative techniques are available that fall outside Section 123.

Summary: The misinterpretation of the findings of the SCV Review that manipulation of children was banned led to misconceptions being dispersed through the media and community. The recommendation was addressed to all manipulative professions, and was applicable to the treatment of certain conditions.

There was no evidence of prior serious adverse events in Australia to justify the falsely claimed ban on spinal manipulation of children under 12 years of age.

In additional research, the SCV Review claimed there was insufficient evidence for spinal manipulation to address certain disorders. It omitted to state that it may be appropriate for spinal manipulation to address and manage certain symptoms associated with these conditions, patient preference and patient demand, as well as the many clinical studies that were supportive of this model of care.

Conclusion: Given the volume of other forms of evidence that are available for specified conditions, more appropriate research reporting should be implemented on such matters.

Such a discrepancy raises the question as to the particular selection of evidence cited in the SCV Review.

Claims that there was a ban placed on cervical spinal manipulation of children due to harm are grossly inaccurate. Claims that such a ban applied to the whole spine of children under 12 are also inaccurate. It is maintained here that the term ‘*should not*’ is not a ban.

Large sections of the media have been irresponsible and misleading in the inaccurate reporting of this matter. In doing so, a false image is generated which in turn, plays into the hands of the uninformed and monopolistic critics.

Claims of a lack of evidence supporting aspects of the Chiropractic model are challenged depending where and in what sources one conducts research.

There is a noted absence of evidence of serious harm through spinal manipulation by Chiropractors, on children in Australia. As such, the Safer Care Victoria Review is dismissed as a misleading anomaly.

The motive of the Review would seem to have been compromised by the apparent inconsistencies, contradictions, and ambiguities as well as what would appear to be an absence of neutrality of input.

Indexing terms: Chiropractic; Safer Care Victoria; paediatrics; Chiropractic Board of Australia.

Introduction

The Victorian Government Health Minister (Mikakos) instituted a review of Chiropractic spinal manipulation of children under 12 in 2019. Its findings applied to all professions that provide spinal manipulation. There was no evidence to justify such a review as there were no serious adverse incidents to generate such an opinion on which to base such a review. It is not known why the review only specified Chiropractors in its title when it ultimately made the same recommendation to all the other manipulative therapy professions. (SCV p 2)

Although there was no recommendation by the SCV Review to ban spinal manipulation of children under 12, somehow, that was the message that was promulgated by the media and medical critics. Initially, the Victorian Health Minister also seemed to have formed a view which misunderstood the

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unnecessary concern as to the safety record of Chiropractic in Australia. (6, 7)

Subsequently, the Chiropractic Board of Australia instituted an advisory notice which was not a ban, nor was it based on any evidence of harm. (8) The Council of Australian Governments (COAG) Health Council approved the revised standard, one of five standards being revised by various National Boards, on 30 June 2019. (8, 9)

While there were a number of inconsistencies and contradictory comments in the SCV Review (SCV p 6), we note an ambivalent claim that there is a *'lack of strong evidence of either effectiveness or serious harm'*. These two issues appear to have been studied and assessed differently, in that the perceived evidence was accepted for one but no evidence was forthcoming on the other.

In a further anomaly, the efficacy of spinal manipulation for certain conditions was not one of the original terms of reference for the review, it arose inexplicably without forewarning. (SCV p 30) How this term was imposed is not explained, and it was therefore not possible to prepare a submission on this topic. The topic was limited as it did not address the relief or management of particular symptoms associated with each condition. Further, the selection of nominated conditions (SCV p4) was not explained. Some of these are the more frequent ones for which parents bring their children for care, based on patient demand, and patient word-of-mouth on efficacy. Such cases are recorded in published records in chiropractic, osteopathic, and European medical journals. (10)

Review

In a contradictory and ambiguous development, the Safer Care Victoria review considered children under twelve (12) while the British Columbia, Canada, review considered children under ten (10) years of age. (11, 12) If the topic was scientifically based, one would have expected a consistency of age.

However and inexplicably, the Chiropractic Board of Australia went further and considered children aged under 2 for manipulative care. (4) Again, there was no evidence offered upon which an age could be based, nor was it part of the original terms of reference of the Inquiry.

So, what were the issues based on if there was no evidence? It seems that politicised input expressing personal interests and interpretations may have fostered unjustified impressions and potent lobbying resulting in anti-competitive measures in the health field.

Harm

The Review stated clearly *'... no specific or confirmed instances of proven harm were presented in any submission.'* (SCV p 22)

The review, without scientific or other substantiating evidence, then inexplicably qualified that statement with *'Nonetheless, it was the professional view of those groups that in the absence of evidence of benefit, the risks of harm were sufficient to recommend banning Chiropractic spinal manipulation of children.'* This qualification ignores the matter of public demand as reflected in its own survey by EY Sweeney. It is noted further that no ban was instituted.

It is also noted that the qualification '*nonetheless*' was used 4-times in the SCV Review, each expressing unsubstantiated opinion without evidence. We suggest that a similar stipulation on all medical procedures and medications if instituted, would severely hamper the medical model.

This SCV Review mentioned '*potential harm*' of which no severe patient harm was recorded in Australia's 125 history of Chiropractic care. It did not identify the potential harm presumably because there was no evidence upon which to base such a claim. It can be noted that potential harm is applicable to all medical procedures. (13, 14)

The absence of evidential justification was again repeated in the Review with the statement '*There were no complaints or notifications that related to significant harm to a child as a result of chiropractic spinal manipulation.*' (SCV p 26) This is significant as the Review invited input on the issue and received 21,750 responses. (SCV p 5) Notably '*Of all respondents, 99.7% (21,750) reported a positive experience with the chiropractic care of their children.*'

The SCV Review did not appear to pay significant respect or acknowledgement to such an extraordinary response. '*Three individual case reports were the only evidence of serious harm identified. Each of these reports related to spinal manipulative techniques performed outside of Australia and not limited to Chiropractors.*' (SCV p3).

Inclusion of this is a suspect way of alluding to Chiropractors as none were involved in any of these three cases. One of these incidents involved a physiotherapist (p 25), the other two were not specified but did not involve a Chiropractor, nor a Chiropractic technique.(p25) While the SCV made certain intimations it appeared to over-extend itself in trying to implicate a qualifying connection, when it stated with an unsupported qualification that '*The practices described in these reports are not reflective of Australian chiropractic techniques. This does not mean spinal manipulation in children is not associated with any risk of any adverse effects. An extensive literature review did identify transient or minor adverse events but the prevalence was very low, albeit possibly more common in very young children.*' (SCV p 3)

Again, the fact that no Chiropractor was involved in these three instances seemed almost insignificant to the SCV Review. It identifies certain incidents related to other professions but appeared reluctant to identify them.

The Review did recognise the fact that the Chiropractic profession provides adequate training and considers characteristics of each patient. It stated '*... skilled Chiropractic care requires the practitioner to modify the force applied based on the age and developmental stage of the child.*' (SCV p 3) We note that no Australian State or Federal government has expressed reservations over the five Chiropractic courses in Australia or the standard of their graduates.

Misinforming and misinformation

Apart from the Victorian Health Minister expressing unsubstantiated concern, the media sensationalised the issue by falsely claiming that Chiropractors were banned from manipulating children under 12. (15)

Chiropractic has been misreported previously. This potentially and incorrectly may have influenced the Minister's understanding and appreciation for Chiropractic care. In his study, Terrett concluded '*The true incidence of such reporting cannot be determined. Such reporting adversely affects the reader's opinion of chiropractic and chiropractors.*' (16)

Chiropractic Board of Australia

Consistent with media headlines, even the Chiropractic Board of Australia appears to have focussed on the review's somewhat daunting title rather than the full wording and denotation of its recommendations. (4)

Ebrall noted in 2022 that the Chiropractors Registration Board had no grounds upon which to advise members not to use spinal manipulation on children under a specified age of 2 years. If it was considered an urgent issue, the subsequent 6-year delay since the Review findings, could be considered inappropriate and also neglects those parents who have or would have sought care for their children especially when medications have been ineffective. (17, 18)

The SCV Review included an unreferenced comment stating '*This is particularly important in younger children, especially those under the age of 2 years in whom minor adverse events may be more common*'. (SCV p3). There is no rationale or evidence to justify this age statement or identity of a source, as noted by using the vague term '*may*'. Similar qualifications of statements pervade the report.

There was no evidence or precedence in establishing a 2-year-old age limit. It is further incongruous that the Canadian review which also found a lack of evidence but considered a 10-year-old age limit for investigation and did not recommend any restraint on the Chiropractic care of infants. (19, 20)

In another anomaly, a child one day older than these arbitrary age limits would not present any differently anatomically or physiologically than the hypothesised 2, 10 or 12 age limit.

Currently (Nov. 11, 2025), the State and Federal Health Ministers are reportedly considering this restraint of Chiropractic care of children, but this is now 6-years that they have been reviewing the nebulous review. Although it appeared that even the Federal Health Minister and state health minister had mistaken or misconstrued the SCV as a ban rather than an advisory. (21)

The Royal Australian College of General Practitioners

The RACGP misled readers when it stated '*In response to safety concerns, the Chiropractic Board of Australia (CBA) has again placed an interim ban on the practice of spinal manipulation for babies under two years of age, pending further discussion*.' This is false on two counts. The Safer Care Victoria Review did not substantiate the concern as it found no incidents of serious harm to children attributed to spinal manipulation. In essence, it only recommended that spinal manipulation should not be provided for certain conditions due to what it claimed was a lack of supporting evidence, as challenged here. (22)

A critical comment from the RACGP and other medical association was anticipated at the time by the authors. We note the RACGP 'concern' was not specified and thus not based on evidence. It is suggested that it was an imaginative concern.

The Media

The ABC, SBS, Channel 9, Central Queensland University, and some newspapers made similar erroneous claims in 2024, (14, 23 - 30) CQU being an institution which now delivers a degree and a bachelor course in Chiropractic science. (31 - 33)

British Columbia review of spinal manipulation of children under 10.

In contrast to the Victorian SCV Review, a review under similar terms was conducted in Canada and its findings were the antithesis of the Victorian effort. (11, 12)

In 2019, the registration board for Chiropractic, the College of Chiropractors of British Columbia, conducted an independent review of Chiropractic paediatric patients under 10 years of age and *'After considering all of the available evidence, including an independent research review, the Board has determined that the treatment of children with SMT does not present a significant risk to the public'*. The review engaged independent researchers to review safety aspects, policies, guidelines and regulations and the curriculum of Chiropractic education programs as they related to infants and children. (19)

It concluded that *'B.C. Chiropractors will not be restricted from using spinal manipulative therapy on children, following a two-month review by their professional college'*. (20) This outcome is significantly different to that of the Safer Care Victoria Review recommendation and the CBA policy.

Patient demand

Of significance, the SCV review appeared to ignore the overwhelming positive response from patients, 99.7% of the 21,824. (SCV p 17) from its own invitation for comment. This was a significant endorsement, yet was seemingly disregarded by the SCV Review.

Age of paediatric patients (SCV p 17)

A further indication of the need and demand for Chiropractic care is the age of younger children over the past decade. That is, almost 16,000 children 2 years or younger with no reported severe incidents.

It is noted that the SCV's own survey showed that of respondents 54.5% (11,894) were aged 0 -3 months and 73.1% (15,953) were aged 2 years or younger. (SCV p 17) A response of 73.1% must identify identify a need and a demand for paediatric chiropractic services. (SCV p 17)

Factors which lead patients to seek Chiropractic care, or parents who seek such care for their children include positive word of mouth, recommendation from other patients, failure of available conventional treatments, and concern for infant patient's discomfort. After all, it is results in particular that determine patient demand. (34, 35)

The actual breakdown of ages noted in the SCV also reflects the demand for Chiropractic care. (SCV p17)

'The submissions from public respondents who had accessed chiropractic spinal care for a child were overwhelmingly positive. Of the 21,824 respondents, 21,750 (99.7%) were supportive of the care received'.

A little over half of the respondents, 54.5% (11,894), who had accessed care in the past 10 years reported that the care was provided to a child aged 0 – 3 months.

Three quarters, 73.1% (15,953) of respondents indicated that the care was provided for a child aged 2 years or younger.

Half of the respondents (10,934) indicated that they accessed spinal care for a child over a continuous period (across multiple age brackets).

Some physiotherapists, osteopaths and medical doctors (SCV p2+) also employ manipulative and mobilising techniques and were alluded to in the report. However, no effort was made to explore the efficacy, evidence, or harm attributed to those professions.

Patient conditions for which care was being sought (SCV p 18)

The report did not specify paediatric patients but noted that those patients who have accessed care in the past 10 years were mainly for the following conditions:

- ▶ Back pain (21.9%)
- ▶ Colic (28.7%)
- ▶ Difficulties with breastfeeding (22.6%)
- ▶ Headache (14.9%)
- ▶ Neck pain (23.5%)
- ▶ Posture concerns (31.7%)
- ▶ Other (48.8%)
- ▶ General health/wellbeing/preventative care (17.4%)
- ▶ Sleep issues (4.1%).

The SCV Review recognises that one of the more common conditions for which patients attended for paediatric chiropractic care was colic (28.7%), yet this was one of the conditions the Review advised against. (SCV p 5) Neck pain (23.5%) was also one of the more common conditions and with headaches (14.9%) but the review did not mention the established cervicogenic etiological factor or the success rate for positive outcomes for those conditions. (SCV p 18)

Patient conditions – the evidence.

Of some 60 journals listed on The Index to Chiropractic Literature, two are specifically related to children. They are the Chiropractic Pediatrics, and the Journal of Pediatrics, Maternal, & Family Health.

What is sometimes overlooked here is that the patient may be under Chiropractic care or management for symptomatic relief and comfort, not necessarily for treatment of the condition itself.

Inexplicably, the SCV Review did not consider case reports as evidence. If they had then other practitioners would be aware of them as evidence. There would likely be little incentive in reporting such cases as these would serve as supporting evidence to justify accepting such patients. It would be irresponsible to not record such clinical observations.

Conditions nominated by the SCV Review (p 4) follow. It is noted however, that colic, enuresis, back and neck pain, headaches, would be some of the more common conditions that patients have turned to for their children. European medical doctors have adopted spinal manipulation for a number of so-called visceral conditions including those queried by the Review. (10) Case reports are just as important for recording negative outcomes with patient care.

There are 92 papers listed on The Index of Chiropractic Literature (ICL) for the following 4 conditions:

- ▶ Autism spectrum disorders (36, 37)
- ▶ Behavioural disorders (36, 38)
- ▶ Cerebral Palsy (39 - 41)
- ▶ Hyperactivity disorders (42, 43)

The narrow search for Chiropractic papers sought by the SCV (p4) precluded many papers which provided evidence in other formats. A selection of such papers is noted here. The Review was essentially negligent in recommending against the manipulative management of headaches and colic in particular. There is significant positive evidence for this common approach modality in all the manual care professions. The following conditions are also noted in the SCV Review. They are listed here and cited with sample papers from the ICL:

- ▶ Asthma: There are 120 papers listed on The Index of Chiropractic Literature for this condition. (44 - 46)
- ▶ Bedwetting, Enuresis: There are 68 papers listed on The Index of Chiropractic Literature for this condition. (41, 47 - 51)
- ▶ Cerebral palsy: There are 32 papers listed on The Index of Chiropractic Literature for this condition. (39 - 41)
- ▶ Digestive problems: There are 52 papers listed on The Index of Chiropractic Literature for this condition, and 17 under 'gastro'. (41, 48, 52 - 58)
- ▶ Ear infections, Otitis media: There are 31 papers listed on The Index of Chiropractic Literature for this condition and 69 for otitis media. (59 - 60)
- ▶ Headache: There are 469 papers listed on The Index of Chiropractic Literature for 'headache'. (48, 49, 61 - 64)
- ▶ Headache - Migraine: There are 184 papers listed on The Index of Chiropractic Literature for 'migraine'. (65 - 68)
- ▶ Headache Cervicogenic: There are 100 papers listed on The Index of Chiropractic Literature for cervicogenic. (69 - 72)

- ▶ Infantile colic: There are 38 papers listed on The Index of Chiropractic Literature for this condition. (73 - 78)
- ▶ Torticollis: There are 74 papers listed on The Index of Chiropractic Literature for this condition. (79 - 81)
- ▶ General health: (82, 89)

The pathophysiology of somatovisceral reflexes.

The superficiality of the SCV review is noted in that of the 13 members only 2 were Chiropractors. The review essentially represented other medical professions assessing the Chiropractic profession where the majority of members do not have a background in Chiropractic. Nor did the panel study the pathophysiology or neurophysiology applicable to the Chiropractic model of care. A further sample of these aspects is cited here. (90 - 95)

Summary

In the absence of evidence of harm, the rationale and motivation for the SCV Review is sought.

The variations in appropriate age for spinal manipulative care are considerable, both scientifically, clinically, and physiologically. This age range cannot be justified by any evidence.

The research of a select range of conditions was found to be limited and seemingly ignored patient preferences. The stated efficacies to this range was inconsistent with patients indications and published clinical reports.

The media publicity generated by the Review was illusory, misleading, ill-informed and inaccurate.

The apparent demand for Chiropractic paediatric care was not explained.

At least the SCV Review acknowledged the fact that qualified Chiropractors are skilled and cognisant of patients' age, biology, physique, and the appropriate techniques to apply. (SCV p 3)

Conclusion

In a distinct contradiction, the review claims a lack of evidence justifies a recommendation on Chiropractic care for certain conditions, but a lack of evidence seemingly still enables the review panel to make recommendations about manipulating children.

The other major oversight was the failure to correct the health ministers' and media interpretation that a ban was placed on all Chiropractic and manipulation of children under a certain age.

The Chiropractic Board of Australia (the Board) has reinstated the 'Interim Policy – Spinal manipulation' for infants and young children at the request of Health Ministers pending further review between the Board and Health Ministers.

The Chiropractic Board of Australia also promotes an evidence base for practice, but has no evidence to support its policy on '2 years old' patients. (96) An embarrassing internal contradiction.

The Board advises Chiropractors to not use spinal manipulation to treat children under two years of age. (97) Advice may be defined as guidance or recommendations offered with regard to prudent future action. It is not a ban which may be defined as an official or legal prohibition.

The contradictions, ambiguity, narrow interpretations, and disregard of the demonstrated safety record of Chiropractic in Australia, renders the SCV Review very poorly.

It must also be stated that the entire review was focussed on the Chiropractic contribution to paediatric care, yet four discipline Boards are similarly registered. (Recommendation 2, SCV p 6)

This leads to the perception of bias and lack of uniformity and a questionable justification for holding the inquiry in the first place.

In view of all the issues raised here the SCV Review should be withdrawn and any restraint on Chiropractic care of children cancelled.

It has now been 6 years since the commencement of the Review, it should be brought to a conclusion urgently to provide certainty, particularly for the Chiropractic profession, the parents of children and the children themselves.

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