Asia-Pacific Chiropractic Journal

EDITORIAL

Perspectives on the ICEC/CMCC statement on the subluxation

Peter L Rome

Narrative: The International Chiropractic Education Collaboration sponsored by the University of Southern Denmark issued a position statement regarding education in Chiropractic institutions. The Canadian Memorial Chiropractic College is a signatory to that statement.

I offer 16 observations of the flaws in this statement not the least being it has no supporting evidence in a time when evidence for more sensible positions is demanded by these institutions.

I conclude with an evidence-based position that is accurately representative of the discipline of Chiropractic.

Indexing terms: Chiropractic; ICEC; CMCC; University of Southern Denmark; subluxation; vertebral subluxation complex; vitalism.

Exposition

In 2014, the International Chiropractic Education Collaboration sponsored by the University of Southern Denmark issued a position statement regarding education in chiropractic institutions. The Canadian Memorial Chiropractic College is a signatory to this statement. (1 - 4)

Undergraduate education is a matter of which the profession is adequately aware. The central subluxation concept has attracted a number of papers, albeit carrying a range of opinions.

One key element of the ICEC document relates to the teaching of the vertebral subluxation complex, Statement 5. The statement separated the role of the subluxation from disease. It did not differentiate the VSC from the subluxation.

After 3-years of deliberation the CMCC Board of Governors became a signatory to the ICEC statement. However, CMCC amended their version of the statement which was issued in 2019. (2, 3) (See Observation 1)

> *... there is no evidence for the position taken by the ICEC and those several colleges which echo their belief that the VSC has no contemporary relevance in the discipline of Chiropractic; they are wrong and misguided ...'*

ICEC Statement 5

> 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 inclusion in a modern chiropractic curriculum in anything other than an historical context is therefore inappropriate and unnecessary. (1)

Position on Implementation

The curriculum must clearly identify opportunities for students to demonstrate:

- An evidence-based approach to a wide range of manual clinical interventions
- An understanding of the therapeutic encounter as a 'package of care' when articulating the active components of Chiropractic management
- An understanding of the best evidence available regarding the nature and clinical effects of spinal manipulative therapy, and
- Teaching of non-evidence-based theoretical explanatory models underpinning the manual clinical interventions should be removed from the curriculum or be taught in a historical context. (1)

It is claimed that this document is based upon and supports the theme of the World Federation of Chiropractic Educational Statement formulated in November 2014 at the Miami Education Conference. (1) This statement on 'subluxation' is not representative of the outcomes of that meeting, see https://www.wfc.org/consensus-recommendations-2014 and actually conflicts with Point 6 from the 2000 Education conference at https://www.wfc.org/consensus-recommendations-2000 .

Observation 1

The CMCC statement (2 - 4) released in 2019, appears to vary slightly from that of the 2014 statement from the ICEC of which observations can be made. Its VSC statement states:

> 'The teaching of vertebral subluxation complex as a vitalistic construct that claims that it is the cause of disease is unsupported by evidence. Its inclusion in a modern chiropractic curriculum in anything other than an historical context is therefore inappropriate and unnecessary'.

The ICEC includes the phrase that use of the term subluxation 'claims' or 'implies', while the CMCC statement omits the term 'implies'. Whether this is deliberate or an oversight is unknown but the omission suggests a degree of recognition for the subluxation connotations.

Observation 2

The statement implies that it is justifiable to teach about the Vertebral Subluxation Complex as long as it is evidence-based. Recognition of the subluxation and its role in clinical care with a neurological base is well established chiropractic doctrine. (5 - 17)

Observation 3

There was limited supporting evidence to justify reasons for the CMCC policy statement on the vertebral subluxation. It did not identify or provide evidence of a need for such a statement.

Observation 4

Both statements specify the vertebral subluxation complex, yet cite a BJ Palmer source from 70 years earlier. The term complex was only added by Faye in 1983. It implies a quite different connotation to that of both 'subluxation' and 'vertebral subluxation,' and is an appropriate designation for the clinical setting. (17, 18)

Observation 5

The CMCC statement was developed on a faculty survey, 'stakeholders', and others (Para 1 page 1 and page 2). It does not specify that the Canadian Chiropractic Association or general membership of the profession in Canada were surveyed or consulted. (3)

Observation 6

To read the CMCC Position Statement seems to be ambivalent. (p3) The College appears to accept the VSC association with 'remote signs and symptoms', but rejects the old vitalistic concept of a vertebral subluxation being associated with the influence going beyond signs and symptoms to a range of conditions.

However, the statement does acknowledge MSK involvement but seems reluctant to recognise NMSK involvement. The CMCC position suggests even greater importance for inclusion of the term complex. It also highlights the need for authors to define their intent for usage of that term complex to include clinical findings.

The vertebral subluxation itself has been in usage from the 1890s, some now feel the term is inaccurate or inappropriate. However, to claim that the vertebral subluxation complex as being inappropriate is grossly misleading. The addition of the term complex effectively includes the clinical elements in a given condition making the VSC a more accurate and explanatory term. It also serves to explicate the recorded positive outcomes for a wide range of conditions. As such, the complex may be described as comprising aspects of disturbed articular physiology, noxious sensory activated somato-autonomic reflexes resulting in associated pathoneurophysiology, it commonly involves segmental spinal motor units.

Amelioration of the articular lesion generally leads to alleviation of associated signs and symptoms which effectively confirms the diagnostic association. (7 - 16)

Observation 7

The CMCC statement also implies reservations about a subluxation having a contribution to disease, as it omitted the term 'or contributes' from the ICEC statement. However, it does not appear to have reservations about a subluxation or biomechanical dysfunction producing 'secondary local and remote signs and symptoms' as though they are distinctly unrelated and separate influences. (3)

Observation 8

The 'best available evidence' and an 'evidence-based approach' are both laudable terms. However, while they are personal views as to what constitutes appropriate evidence, opinions vary. There is no legislated criteria for evidence. In 2020, Jureidini and McHeney state the RCTs in medicine are largely '*manipulated by manufacturers and pharmaceuticals*', and that observational studies, clinical experience, and case studies also should be recognised. This raises the question as to whether RCTs alone are the ideal studies for non-pharmaceutical clinical care. (19)

Observation 9

In casting reservations on the term subluxation, the CMCC statement does not suggest an alternative term for the lesion and does not offer a vertebrogenic explanation for such NMSK conditions such as cervicogenic headaches (migraine, vertigo), a therapeutic finding to justify adjustment. (20 - 24)

Observation 10

Perhaps sensitivity to the early claim as a cause of all disease may have been the motivation for the statements on subluxation. However, that has not been the current claim for some decades. If political expediency was the reason for the statement, then greater explanations and understanding should be a priority.

Observation 11

The inference that vertebral subluxation and vertebral subluxation complex have the same meaning suggests each need clarifying definitions when used. The VSC term is clearly more encompassing to include signs and symptoms than just vertebral subluxation as is being used on page 2 of the CMCC 2019 statement. It notes further, that among the profession, the 'concepts' concerning both subluxation and vitalism vary widely. (3)

It is suggested that the term complex should be omitted from, the opening line of each statement to ensure accuracy and consistency.

Observation 12

The ever-debated question is '*what constitutes evidence*'?

There are recent moves to raise the category of case reports and case series studies to a higher level in the evidence pyramid hierarchy. (5, 25, 26)

Observation 13

In particular, European medical authors have also published on the broader aspects of somatovisceral and somato-autonomic elements of this vertebral functional lesion. Indeed, Schmørl G, Junghanns and also Maigne reference a number of medical papers relating to vertebrogenic or somatovisceral conditions. (27 - 31)

Observation 14

The other manipulative professions, Osteopathy, Physiotherapy and Manipulative Medicine all deal with the biomechanical vertebral lesion albeit by different nomenclature, but do not seem to have issues with its comprehension or acceptance. In each of these professions the literature reveals that some have recognised the somatovisceral aspect. (29)

Observation 15

The concept of spinal subluxation can be traced back to Egyptian times, but its ramifications of influence have evolved as research evolved to its current model acknowledging somato-autonomic involvement. (32, 33)

Observation 16

Both the CMCC and the ICEC statements refer to the VSC being the cause of, or contributing to, disease. The inference is that the VSC is the cause (or contributes to) of all diseases. It is questioned here whether this was the intent of the statements and if so, to clarify that position.

Discussion

Further, based on current research, a Chiropractic vertebral subluxation complex may be defined here as:

> a biological site of persistent central segmental motor control disturbance that involves a joint, typically an articular vertebral motion segment that is biomechanically dysfunctional activating noxious somatosensory and somato-autonomic reflexes (pathophysiology) thereby inducing maladaptive neural plastic changes that may disturb the central nervous system's ability to adequately self-regulate, adapt, heal, and may generate a variety of neurogenic signs, symptoms and conditions. (8, 9) (Adapted from Haavik Research (The Rubicon Group, 2017; Haavik et al 2021)

It can be agreed that the statement released by CMCC belongs in the history books because the statement itself is decades out-of-date. (18, 32, 33)

> To claim that the vertebral subluxation complex is inappropriate to teaching and learning, and indeed clinical practice, is grossly misleading

The vertebral subluxation was the early term that some felt inaccurate. But the addition of the term 'complex' was an attempt to include the clinical element and making the VSC explanatory for inter-professional communication and for patient presentation. It also served to explain the undeniable, positive outcomes for a wide range of conditions due to vertebral adjustments.

The profession has a duty to preserve its unique and distinguished identity as long as it is evidence-based, continues to deliver positive effective outcomes, remains safe, and continues with high demand from patients. Chiropractic rides under the banner of the VSC while other professions attempt to adopt key aspects of it albeit under other terms.

If Chiropractors or others do not maintain the contemporary subluxation concept, they should continue to exist only under a different professional title.

Conclusion

The statements would serve better if they clarified the role of a VSC in the manipulative sciences and differentiated it from subluxation and vertebral subluxation to emphasise the complex with its signs and symptoms.

This Journal has dissected a number of definitions for a VSC and currently favours that based on Haavik Research and somato-autonomic reflex studies.

In essence, we would offer the fact that the VSC has a surfeit of evidence as a factor in a wide range of conditions. Researchers need to access the Index to Chiropractic Literature as well as the Pubmed medical index portals.

The following modified statement is respectfully offered as an alternative:

> We recommend the teaching of vertebral subluxation complex as a vitalistic construct that claims it can be a factor either as a result or a cause of a range of clinical conditions which are supported by physiological and clinical evidence. Its inclusion in a modern Chiropractic curriculum is appropriate and necessary.

Peter L Rome
DC (ret), FICCS, FACC
Melbourne
cadaps@bigpond.net.au

Cite: Rome PL. Perspectives on the ICEC/CMCC statement on the subluxation. Asia-Pac Chiropr J. 2026;6.4. www.apcj.net/papers-issue-6-4/#RomeICEC

References

1. International Chiropractic Education Collaboration. https://www.sdu.dk/en/om-sdu/institutter-centre/iob_idraet_og_biomekanik/uddannelse/icec/the_education_position_statement.
2. https://www.cmcc.ca/documents/international-chiropractic-education-collaboration-position-statement.pdf (Undated Circa 2015)
3. https://www.cmcc.ca/documents/icec-position-statement-backgrounder-and-q-and-a.pdf 2019.
4. CMCC Questions and answers. https://chiro.org/Graphics_Box_SUBLUXATION/Clinical_and_Professional_Chiropractic_Education_A_Position_Statement_2.pdf
5. Ebrall P, Doyle M. The value of case reports as clinical evidence. Chiropr J Aust. 20220;47(1):29-43.
6. Ebrall P. Determining a universal meaning of subluxation in chiropractic. J Contemporary Chiropr. 2022;5(1): https://journal.parker.edu/article/78048-determining-a-universal-meaning-of-subluxation-in-chiropractic
7. 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
8. Haavik H, Kumari N, Holt K, et al. The contemporary model of vertebral column joint dysfunction and impact of high-velocity, low-amplitude controlled vertebral thrusts on neuromuscular function. Eur J Appl Physiol. 2021 Oct;121(10):2675-720.
9. Haavik H. The reality check. Haavik Research. 2014. https://therealitycheck.com/wp-content/uploads/2016/11/Chapter1-2.pdf
10. Henderson CNR. The basis for spinal manipulation: Chiropractic perspective of indications and theory. J Electromyog Kinesiol. 2012;22(2):632-42.
11. Rome P, Waterhouse JD. Neurodynamics of vertebrogenic somatosensory activation and autonomic reflexes - a review: Part 6 International medical literature and its clinical application of the somatovisceral model. Asia-Pacific Chiropr J. 2021;1.4. apcj.net/papers-issue-2-4/#RomeWaterhouseIntMedLit6
12. Rome P. Waterhouse JD. Neurodynamics of vertebrogenic somatosensory activation and Autonomic Reflexes - a review: Part 7 The Cervicogenic Factor. Asia-Pacific Chiropr J. 2021;1.4. apcj.net/papers-issue-2-4/#RomeWaterhousePart7Cervicogenic
13. Rome PL, Waterhouse JD. Evidence informed vertebral subluxation – A diagnostic and clinical imperative. J Philos Princ Pract Chiropr. 2019 Dec;2019(2):12-34.
14. Rome PL, Waterhouse JD, Ebrall PS. The Rome and Waterhouse papers: Support for the Chiropractic model, namely the Vertebral Subluxation Complex and the vertebral adjustment. Asia-Pacific Chiropr J. 2025;6.2. apcj.net/papers-issue-6-2/#RWVSCPapers
15. Rosner AL. The role of subluxation in chiropractic. NCMIC Foundation. Clive, Iowa. 2024. https://www.ncmicfoundation.org/webres/file/pdfs/theroleofsubluxation.pdf
16. Senzon S. The Chiropractic Vertebral Subluxation Parts 1-10: J Chiropr Humanities. 2018; 10-168.
17. Palmer BJ. Fame and Fortune. Vol XXXIII. 1955. (Currently $600 on eBay)

18. Palmer BJ. The subluxation specific; the adjustment specific; and exposition of the cause of all disease. Davenport IA: Palmer School of Chiropractic; 1934:77, 297, 407.

19. Jureidini J, McHenry LB. The illusion of evidence-based medicine. Mile End, Wakefield Press.1. 2020:7.

20. Alix ME, Bates DK. A proposed etiology of cervicogenic headache: The neurophysiologic basis and anatomic relationship between the dura mater and the rectus posterior capitis minor muscle. 1999;22(8):534-539.

21. Chaibi A, Knackstedt H, Tuchin PJ, Russell MB. Chiropractic spinal manipulative therapy for cervicogenic headache: a single-blinded, placebo, randomized controlled trial. BMC Res Notes. 2017 Jul 24;10(1):310. DOI 10.1186/s13104-017-2651-4. PMID: 28738895.

22. Fitz-Ritson D. Assessment of cervicogenic vertigo. J Manipulative Physiol Ther. 1991 Mar-Apr;14(3):193-8. PMID: 2045730.

23. Holdway KB, Rome P. Cervicogenic headaches and neck pain attributed to a suboccipital vertebral subluxation complex: A single case report of articuloautonomic pathophysiology involving multiple health professions. Asia-Pac Chiropr J. 2020;1:008 https://www.apcj.net/site_files/4725/upload_files/HoldwayRome200626(1).pdf?dl=1

24. Rome PL. Usage of chiropractic terminology in the literature: 296 ways to say "subluxation": Complex issues of the vertebral subluxation. Chiropr Tech. 1996;8(2):49-60.

25. Rome P. Waterhouse JD. Is anecdotal evidence undervalued? Asia-Pacific Chiropr J. 2022;3.1. apcj.net/papersissue-3-1/#RWAnectodalEvidence

26. Rome PL, Waterhouse JD. Towards greater recognition of case reports in the evidence hierarchy. Annals Vertebral Subluxation Res. 2021;March:15-17.

27. Maigne R. Orthopaedic medicine: a new approach to vertebral manipulation. Springfield, MA; Charles C Thomas. 1972:27, 164, 192-209, 390.

28. Rome PL, Waterhouse JD. Evidence informed vertebral subluxation – A diagnostic and clinical imperative. J Philos Princ Pract Chiropr. 2019 Dec;2019(2):12-34.

29. Rome PL. Commentary: Medical evidence recognising the vertebral subluxation complex. Chiropr J Aust. 2016;44(4):303-7.

30. Sato A, Sato Y, Schmidt RF. The impact of somatosensory input on autonomic functions. [In: Reviews of Physiology Biochemistry and Pharmacology. Ed. Blaustein MP et al.] 1997, Publisher: Berlin. Springer-Verlag.

31. Schmørl G, Junghanns H. The human spine in health and disease. New York, NY; Grune & Stratton 1971:221-2.

32. Ebrall P, Bovine G. A history of the idea of subluxation: a review of the medical literature to the 20th Century. J Contemporary Chiropr. 2022;5(1):150-70. https://journal.parker.edu/article/78038-a-history-of-the-idea-of-subluxation-a-review-of-the-medical-literature-to-the-20th-century

33. Ebrall P. DD Palmer and the Egyptian Connection: A short report. Asia-Pac Chiropr J. 2020;1:011 https://apcj.net/ebrall-egyptian-palmer-and-subluxation/