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18 June, 2016

AN OPEN LETTER TO THE ITALIAN PARLIAMENT

The World Federation of Chiropractic (WFC) represents the chiropractic profession internationally. Its voting members are 88 national associations of chiropractors in seven world regions. It is a non-governmental association of the World Health Organization (WHO) and has been in official relations with WHO since 1997. There are estimated to be over 100,000 chiropractors globally and chiropractic is legally recognised in over 40 countries worldwide.

The WFC is troubled to learn that the Italian Government is considering proposals submitted by the medical profession that would downgrade chiropractic to a technical profession in Italy. Such a move would be completely out of step with the rest of the world and would be contrary to the interests of the tens of thousands of chiropractic patients that benefit from safe, effective and skilled chiropractic care each year in Italy.

In submitting this document, the WFC respectfully requests that the Italian Parliament reject any proposals to change the status of chiropractors in Italy and recognises the value that chiropractic can bring to society in general and the healthcare community in general.

Education

There are in excess of 45 educational institutions throughout the world training chiropractors as primary healthcare practitioners. Recent years have seen a growth in chiropractic education particularly that which is affiliated with mainstream universities.

In Denmark and Switzerland chiropractors train alongside medical colleagues during their initial basic science years. In the UK, the Anglo-European College of Chiropractic has recently been given taught degree awarding powers by the Ministry of Education and the Privy Council has awarded it University College status. In countries where chiropractic enjoys dedicated legislation, chiropractors are obliged to fully assess, diagnose and treat and their extensive training reflects the skills in this area.

Access to chiropractic programmes in Europe for Medical practitioners and allied health professionals such as physiotherapists and nurses requires them to either complete a minimum of 2 years additional training in the form of a conversion programme or undertake a full chiropractic programme with credits awarded for previous learning.

In addition to the above, chiropractors in many jurisdictions around the world are required to complete mandatory continuing professional development, most of which oblige chiropractors to submit returns containing full learning cycles and evidence demonstrating both learning alone and learning with others.

The accreditation of chiropractic education is currently overseen by regional Councils on Chiropractic Education (CCE). These Councils are in turn members of Councils on Chiropractic Education International (CCEI). In Europe, the European Council on Chiropractic Education (ECCE) accredits the programmes of seven chiropractic educational institutions, measuring the quality of delivery of education against recognised standards.

Research

The WFC endorses evidence-based care and its Research Council serves to promote and disseminate scientific evidence, clinical trial outcomes, systematic reviews and meta-analyses via a web-based online resource, the WFC Suggested Reading List (www.wfcsuggestedreadinglist.com). This list is divided into a number of subject areas, each curated by researchers and academics from the chiropractic profession.

In terms of research capacity, there are a number of chiropractic research institutions around the world. Notably, these are in Denmark, Norway, Canada, Switzerland and the United States. Research undertaken by chiropractors is now regularly published in high quality journals, such as the *New England Journal of Medicine*, *Spine* and the *British Medical Journal*. A number of chiropractors hold full-tenured professorships and in Canada the Chair of Disability and Rehabilitation and the Chair of Functional Biomechanics are both held by chiropractors. In the United States, chiropractors are successfully applying for multi-million dollar NIHR grants.

Veterans Administration

Mention should be made of chiropractic's role in the US Department of Veterans Affairs (VA). Since 2005, chiropractic has been provided as a distinct healthcare service within the VA. Operating specifically within the Department of Rehabilitation and Prosthetics, over \$11m was spent on providing chiropractic services in 2015 to the US's 22 million forces veterans. This funding is distinct from physiotherapy or any other health discipline. The director of the chiropractic programme at the VA is also on faculty at Yale University and the medical degree programme at Yale now includes a compulsory chiropractic rotation to familiarise medical students with the services provided by chiropractors.

In light of the success of the VA programme in the US, Canada is now looking at a similar programme for its veterans.

World Health Organization

The WFC has been a non-governmental organization in official relations with WHO since 1997. It is recognised as a distinct and separate profession and the production of the 2005 guidelines

on basic training and safety illustrates its status as a recognised discipline. The WFC is currently engaged in projects with WHO relating to disability and rehabilitation, integrated and people-centred care, classifications and terminologies, functioning, disability and health and global health workforce. The retention of its NGO status for almost 20 years reflects the status of chiropractic within the health community.

European Standardisation

In 2012, chiropractic became the first health profession to have a dedicated European Standard. The CEN Standard for Chiropractic Services (CEN/TC 394) set out the standards for healthcare provision by chiropractors and was the product of a collaboration of European technical committees comprising chiropractors and national standards agencies. This standard includes the requirement for chiropractors to both assess and diagnose as primary health care practitioners.

Legal status

Chiropractic is recognised in over 40 jurisdictions around the world. Dedicated legislation such as that provided for in the United Kingdom, Switzerland, Hong Kong and Australia confers protection of title and makes it a criminal offence to use the title chiropractor without being registered.

Legal status protects patients and the public. The existence of Codes of Practice and Standards of Proficiency and well as a robust Fitness to Practice procedure ensures that the profession is accountable. The WFC strongly supports such an approach.

Global burden of spinal disorders

According to the Global Burden of Disease Studies of 2011 and 2013, low back pain remains the single largest cause of disability in the world. Neck pain ranks fourth. It is widely agreed that 80 per cent of the adult population will suffer with back pain at some point in their lives.

Coupled with this, the rising life expectancy without a corresponding increase in healthy life years is creating significant direct and indirect burdens on health systems. Low back pain leads to mobility issues which in turn can lead to immobility, social exclusion and co-morbidities. An opioid epidemic has been identified in the United States, a significant part of which is attributed to taking prescription painkillers for musculoskeletal disorders.

As a conservative non-drug, form of care for non-surgical spinal disorders, chiropractic treatment can impact significantly on the health of communities and greatly assist in reducing the impact of spinal disorders, address issues relating to physical inactivity and reduce risk of co-morbidities through prescribed painkillers, muscle relaxants and surgery. As a skilled component of a collaborative health care team, chiropractors are able to make a valued contribution using evidence-based approaches to treatment and rehabilitation.

Economic impact

The economic impact of spinal disorders each year is enormous. Absenteeism, adverse productivity and sick pay all contribute to millions of dollars of lost income to the economy in many countries around the world. A study in Europe found that in excess of a third of the European workforce suffer with back pain, with 46% of women and 47% of men reporting back pain in the past 12 months.

The costs of back pain in the European Union are very considerable and are estimated to exceed €12bn (US\$13.6bn). Over 80% of the costs are generated by 10% of those with chronic back pain and disability.

There is no reason to suppose that these statistics are not mirrored in Italy or in other developed countries around the world. The scale of cost caused by spinal disorders is enormous.

Chiropractic in public health facilities

Clearly, governments will have a keen interest to prevent acute back pain becoming chronic, but where it is chronic, new approaches to the management of spinal disorders should be found. . Chronicity is where the significant costs to individuals, societies and economies occur and the implementation of strategies to combat back pain is essential in light of the current statistics.

Chiropractors do not claim to have all of the answers but there is now evidence to show that where chiropractors are utilised as part of a collaborative, patient-centred model, outcomes are optimised.

It is therefore respectfully submitted that providing public access to chiropractic as a primary healthcare profession, where chiropractors are used as spine care experts in the health care system, will contribute to a reduction in chronic spinal disorders, aid a more prompt return to work and decrease the incidence of co-morbidities.

Chiropractors, as highly skilled, educated and professional health care providers, are recognised in many parts of the world as a key component of the health system. Any form of discrimination against chiropractors is therefore likely to adversely impact on health outcomes particularly where their skills are subsequently under-utilised.

The WFC understands that proposal under consideration will prohibit chiropractors from independently diagnosing and treating patients as registered health professionals. It respectfully submits that to impose such regulations would adversely impact on patient care, hamper access to evidence-based solutions to spinal disorders and perpetuate the current economic burden caused by acute and chronic back pain. To discriminate against chiropractors in this way also seem contradictory to the current position, where chiropractors participate in postgraduate activity with medical colleagues, jointly participate in research and publications and work together in interdisciplinary health facilities.

Conclusion

In conclusion, the World Federation of Chiropractic strongly exhorts the Italian Government to reconsider any proposals that change the status of chiropractors in Italy. There is considerable evidence globally to support the position of chiropractic as a distinct primary health profession and it is submitted that the wellbeing of Italians would not be protected by changing the current position.

Furthermore, the scientific literature supports the effectiveness of treatment provided by chiropractors and their skills in assessment, diagnosis, treatment and management of spinal disorders. By denying or restricting public access to those suffering with such disorders, the WFC considers that the best interests of society are not well served.

Yours faithfully

A handwritten signature in black ink that reads "Richard Brown". The signature is written in a cursive style with a long, sweeping underline.

**Richard Brown DC, LL.M, FRCC
Secretary-General
World Federation of Chiropractic**



OFFICE OF THE PRESIDENT

Italy Minister of Health
Minister Lorenzin
Regarding Chiropractic Legislation

Dear Minister,

It has been sometime since I had the privilege of meeting with you in your office. I walked away with a number of impressions that day.

First, was your passion and vision for wanting to alter the view of health care in Italy from that of a pure disease treatment model to one that includes prevention and wellness components.

Secondly, you wanted Italy to set the standard of quality in Europe for the education of health care practitioners, especially chiropractic and this is one of the major reasons that Life University is making the commitment to millions of dollars to set our world renowned program up in Rome.

The current bill that has been introduced to regulate chiropractic in Italy is in opposition to both of the previous points. Quite frankly, it is out of sync with every law regulating chiropractic in Europe and around the world. It demeans the profession and the chiropractors that have studied, in most cases, from 5 to 8 years, have the ability to diagnose and are considered part of the primary health care system in every country where the profession is licensed. In short, the world is watching in disbelief, as this current legislation would attempt to make chiropractic a sub-medical specialty with an education that is barely an educational entrance requirement anywhere else in the world.

It has been our goal at Life University to make the Rome campus the envy of the world. Last year our campus in Atlanta brought in \$65 million dollars to businesses in the area. We established a project with the Governor of Georgia to bring educational degrees into prisons to alter recidivism, opened up a clinic with doctors and nurse midwives to create new safer models in childbirth delivery and to examine children neurologically for the first year of their lives. The Dalia Lama is visiting Life University to amplify the work we are doing around the world. It was/is our intention to bring this type of quality education and financial input to Italy by attracting people from all over the world to study in Rome.

I believe the passage of this bill jeopardizes our ability to accomplish these goals and threatens to cause our Board to reconsider locating in Rome.

Like us on  : LIFE.edu | Follow us on  : LifeUniversity | Watch us on  : LifeatLIFE

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OFFICE OF THE PRESIDENT

My final impression of you was a person of integrity. I can only imagine the political pressure that you must be under from powerful established groups and I know that this is a David and Goliath fight, but I would ask you to follow your heart and do what is best for the people of Italy, which I believe is rewrite this current chiropractic legislation, or sign the bill that has been on the Health Minister's desk for 7 years, or kill this legislation in it's current form.

Finally, I enjoyed your company, personally. I have shared, many times, our conversation and the pictures that were taken that day. I understand that you have since had twins and having raised two daughters, myself, as a single working parent, I appreciate the balancing act. I hope that you and I will be able to share time and thoughts in the future and that I may one day soon, consider myself a resident of the most interesting city in the world, Rome?

Sincerely,

A handwritten signature in blue ink that reads "Guy Riekeman D.C." with a stylized flourish at the end.

Dr. Guy Riekeman
President
Life University

cc. John Williams, DC
President, AIC

cc. Laura Frattari,
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Prof. B. Kim Humphreys
Lehrstuhlinhaber

Zurich, 15. Juni 2016

AN OPEN LETTER TO MEMBERS OF THE ITALIAN PARLIAMENT FROM THE
DEPARTMENT OF CHIROPRACTIC MEDICINE, MEDICAL FACULTY,
UNIVERSITY OF ZURICH

In Switzerland in 2007 Chiropractic became by law one of the five recognized professions of medicine along with human medicine, dental medicine, veterinary medicine and pharmacology. Chiropractic medicine is an evidence-based primary care profession focused on improving the health, welfare and quality of life of patients primarily with ambulatory neuromusculoskeletal conditions. Within Europe the European Council on Chiropractic Education (ECCE) accredits chiropractic educational institutions against a rigorous set of standards to ensure they are producing highly educated primary contact practitioners. In 2015, nine chiropractic educational institutions in Europe, South Africa and Australia who are committed to educating evidence-based, primary care (spine) chiropractors produced an 'Educational Position Statement' that serves as an important institutional benchmark for educational focus and quality provision (appended).

In Switzerland, chiropractors are responsible for determining a diagnosis/differential diagnosis through a careful, methodical and thorough anamnesis followed by a physical examination. Special tests and examinations such as radiographs, MRI, CT and ultrasound scans as well as blood and urine analysis may be ordered as needed and based upon best evidence. Chiropractors are responsible for formulating an ethical and appropriate patient treatment and management plan that takes into consideration patients' physical, psychological, social, legal, economic, cultural and environmental factors, beliefs and values.

Before the start of treatment, patients are given a report of findings that includes the diagnosis/different diagnosis with an explanation of what this means to the patient in terms of prognosis, treatment methods, expected outcomes, side-effects and any associated costs.

The chiropractic management plan is made up of evidence-informed or best evidence treatments, most commonly spinal or extremity manipulations and mobilizations as well as soft tissue therapies that are appropriate, effective, safe, and skillfully applied. Patients are also given positive advice on likelihood of improvement, having a positive mental attitude, and the importance of keeping active. Postural, ergonomic advice, rehabilitative or self-help exercises and risk factors for episodic recurrences are also explained. In Switzerland, chiropractors also have limited prescription rights for analgesic, anti-inflammatory and muscle relaxant medications.

The treatment and management plan as presented is agreed upon with the patient and if necessary the patient's family, partner or guardian. Outcomes measures such as valid, reliable and responsive short-form questionnaires are used as necessary to assess patients' improvement with treatment and to alert the chiropractor to problem areas or factors that need to be addressed with the patient.

From the above discussion it is obvious that the education of chiropractic medicine practitioners in Switzerland requires a comprehensive and high level of education. For that reason the chiropractic curriculum has been developed and **fully integrated** within the medical school curriculum. Chiropractic students must first pass the grueling medical school entrance examination. Then they take 4 complete years of medicine as well as chiropractic courses. This means that chiropractic students have a heavier and more demanding educational program compared to their medical student colleagues. After the fourth year, chiropractic medicine students do 2 years in the chiropractic department including the final year 6 which is split between supervised practice in the chiropractic teaching clinic and hospital rotations in orthopedics, rheumatology, internal medicine, radiology and neurology. After the completion of year 6 they are awarded the Master of Chiropractic Medicine (M.Chiro.Med) by the University of Zürich, Faculty of Medicine. After a Federal Examination, graduates must then do a 2 year postgraduate (residency) program which has been accredited by the Swiss Government Agencies that accredit medical residency programs.

The Swiss model of Chiropractic medical education sends a strong signal to Europe and the rest of the world that Chiropractic is a serious, evidence-based and important provider of quality healthcare, with a particular focus in the troublesome and costly area of ambulatory musculoskeletal disorders. Low back pain is currently the number one condition and neck pain the number 4 condition throughout the world in terms of years living with a disability.

Over the past few decades these trends have been increasing rather than decreasing. The current model of medical gatekeeping for these troublesome and costly conditions has not worked in the past and will not work in the future. Skilled, well educated, qualified and experienced chiropractors who can perform in an **integrated, interdisciplinary setting** are desperately needed. Italy does not need more therapists. Italy needs primary spine care doctors – chiropractors who can make competent, efficient and effective treatment and management decisions about the most common musculoskeletal conditions affecting the planet.

I strongly urge the Italian Government and responsible ministers and members of parliament to put aside their political and professional biases – for the current model of medical

management of ambulatory musculoskeletal conditions is not working! Italy should embrace the evidence-based, best-practice model of chiropractic education that produces primary (spine) care chiropractors exemplified in the ECCE Standards, the Educational Position Statement and the Swiss Model for Chiropractic Education.

If you wish any further information, please feel free to contact me.

Sincerely

A handwritten signature in black ink, appearing to read "Kim Humphreys". The signature is written in a cursive, flowing style.

Prof. B. Kim Humphreys, DC, PhD, FRCC