


Note to presenter:

- These speaker's notes are designed to be reviewed **prior** to your presentation. They are not a script - one of the keys to delivering an effective presentation is to avoid reading from notes. Similarly, do not read each slide to your audience - allow them to do so on their own, while you elaborate on the points
- Your presentation will be most effective if it is delivered in your own words. Draw on your experience and use examples to illustrate key points. This will make your presentation more meaningful and memorable
- The presentation consists of a total of 35 slides and will take approximately 60 minutes to deliver

Tips:


- If you have decided to provide a copy of the presentation (handout), it's a good idea to distribute it prior to starting your talk so that your audience can follow along
- The OCA will provide informational literature for your audience as 'take-aways'. It's generally a good idea to introduce and distribute them at the conclusion of your talk to avoid distractions during your presentation



Overview

- About chiropractic
- Chiropractic in Ontario
- Evidence-based practice
- Recent data
- Models of interaction
- Discussion

Ontario Chiropractic Association. Treatment That Stands Up.



Talking points:

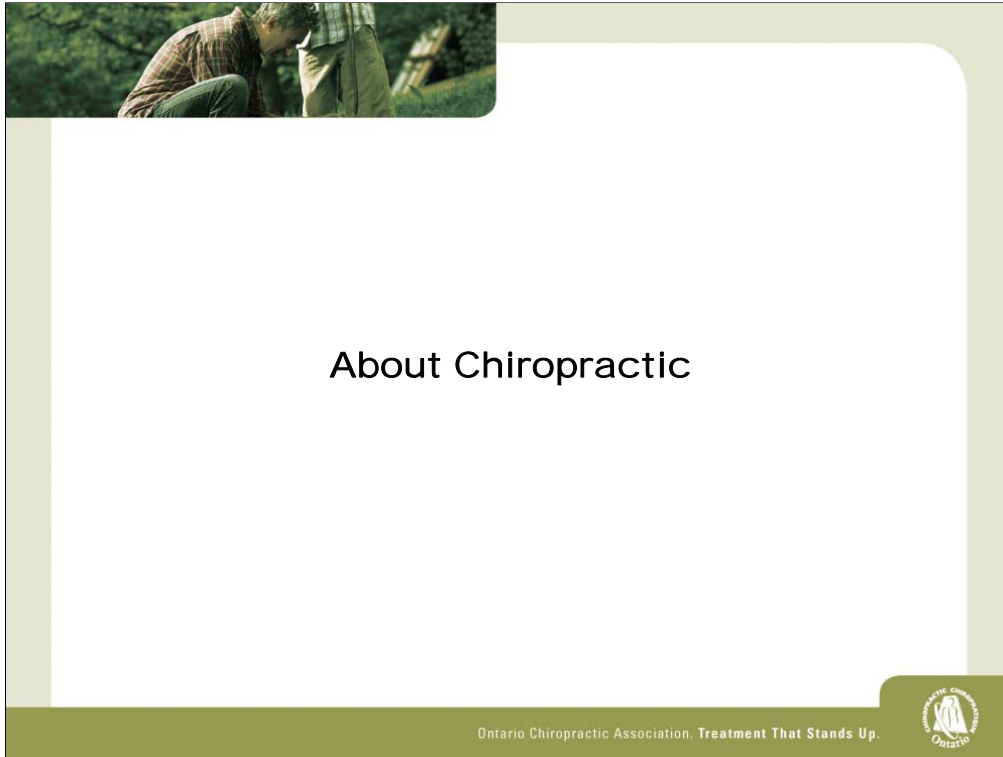
- This is the outline or agenda for the presentation
- If you haven't already done so, briefly and formally introduce yourself and thank your audience for their interest
- Advise your audience of how the presentation will be conducted (see tips, below)

Note to presenter:

- Each section of the presentation is introduced by a transition slide to help your audience follow along and to help you manage the pace of your presentation (see tips, below)

Tips:

- Before beginning, advise your audience as to how you will address questions and comments. If:
 - The audience is small and informal, you may prefer to take questions throughout your presentation, or at the end of each section
 - Time is limited or if you are addressing a large group, it is a good idea to ask people to hold their questions until the end of your talk
- Regardless of the approach you take, it is important to encourage questions and to budget time at the end of your presentation to respond to questions and/or to chat with people who may wish to speak with you one-on-one



Note to presenter:

- The purpose of this section is to inform about the basics of chiropractic, its position in the health care system, and to reinforce the credibility of chiropractic and chiropractic education

Tips:

- Ensure you do not oversell
- It is important not to be defensive and anticipate prejudices or misconceptions
- It is also important to focus on staying positive and not to criticize other professions for the sake of promoting chiropractic. Staying 'positive' will build credibility for the profession

Chiropractic Care

- Assessment, diagnosis and treatment of neuromusculoskeletal disorders resulting from conditions affecting joints, ligaments, tendons, muscles, and nerves
- Treatment and management of such conditions / disorders, primarily with the use of manual therapies including manipulation
- Nutrition, therapeutic exercise, lifestyle and ergonomic counselling and recommendations

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Note to presenter:

- It is important not to be negative, debate schools of thought, or criticize other professions for the sake of promoting chiropractic. Chiropractic stands on its own merit.
- In the following section (“Chiropractic in Ontario”) the scope of practice is detailed

Chiropractic Facts: Canada

- 6,000+ regulated practitioners
- 4.5 million+ Canadians visit a DC each year
- 88% of patients between 20 and 50 years old
- Most common condition treated: musculoskeletal injuries and complaints (96%)



Chiropractic Education in Canada

- 4 year / 4,500 hour program at accredited college (12 in North America)
 - Canadian Memorial Chiropractic College (Toronto)
 - Université du Québec à Trois-Rivières
- Prerequisites for admission:
 - 3 years university (non specific); minimum GPA 2.5
 - Actual 2003 acceptance statistics:
 - GPA 3.43
 - 85% Bachelors / 15% Masters
 - Average age 25



Academic Program

- First professional baccalaureate degree
- Multi-disciplinary faculty and training
 - Anatomy, biochemistry, physiology, neurology, radiology, immunology, microbiology, pathology and clinical sciences linked to diagnosis
- 4th year – internship
 - Multidisciplinary facilities
 - Clinical rounds
 - Competency based assessment





Chiropractic in Ontario

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Chiropractic Facts: Ontario

- 3,000+ regulated practitioners
- 1.2 million Ontarians visit a DC each year
- 30% of Ontarians with joint/limb disorders
- Patient profile:
 - Female ~ male
 - Educated, mid-income, skilled/professional
 - ~ 75% are between 20 and 60 years old

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Note:

The statistic that 30% of Ontarians with a bone/limb disorder who consult a health care practitioner consult a chiropractor is from a study by The Institute for Clinical Evaluative Sciences (ICES).

There are slightly more female than male patients.

The fact that the bulk of chiropractic patients are educated, mid-income, and generally skilled workers or professionals is thought to be because the financial barrier prevents lower income people from choosing chiropractic care.

Scope of Practice: Ontario

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints, and the diagnosis, prevention and treatment, primarily by adjustment, of:

Dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and,

Dysfunctions or disorders arising from the structures or functions of the joints.”

— *The Chiropractic Act*

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Note:

Chiropractic is regulated by the College of Chiropractic Of Ontario in the same way physicians are regulated by the College of Physicians and Surgeons of Ontario.

This is the legislated Scope of Practice Statement which is descriptive but not prescriptive, That is to say, it does not define everything a chiropractic can do such as exercise instruction and rehab programs, lifestyle counseling, etc..

Chiropractic in Ontario

- Controlled acts
 - Diagnosis
 - Spinal adjustment

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These are the two controlled acts which are authorized to chiropractors

The use of x-ray is not regulated by the RHPA but by the Healing Arts Radiation Protection Act which grants chiropractors the same rights as physicians for the ordering and use of diagnostic radiology.

MRI is controlled by the RHPA and is *not* granted to chiropractors.

Licensing and Regulation

- Licensure
 - Canadian Chiropractic Examining Board (www.cceb.ca)
 - Canadian National Board Exams (Written)
 - Clinical Competency Examinations (Practical)
- Regulation
 - College of Chiropractors of Ontario (www.cco.on.ca)
 - Provincial Licensing Examination

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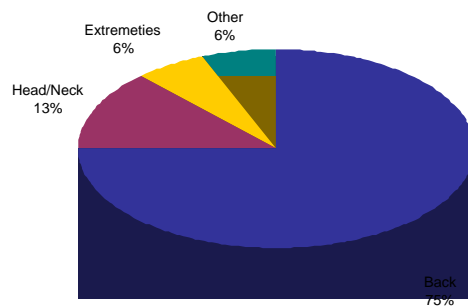
Note:

The Board exams and clinical competency exams are national. Provincial exams are largely for jurisprudence.

There are is an ongoing peer review program, but not a recertification process.

Distribution of complaints

- Shekelle et. al., 1998
 - Duration: 50% <3 weeks; 25% >12 weeks
 - Onset: 26% significant trauma

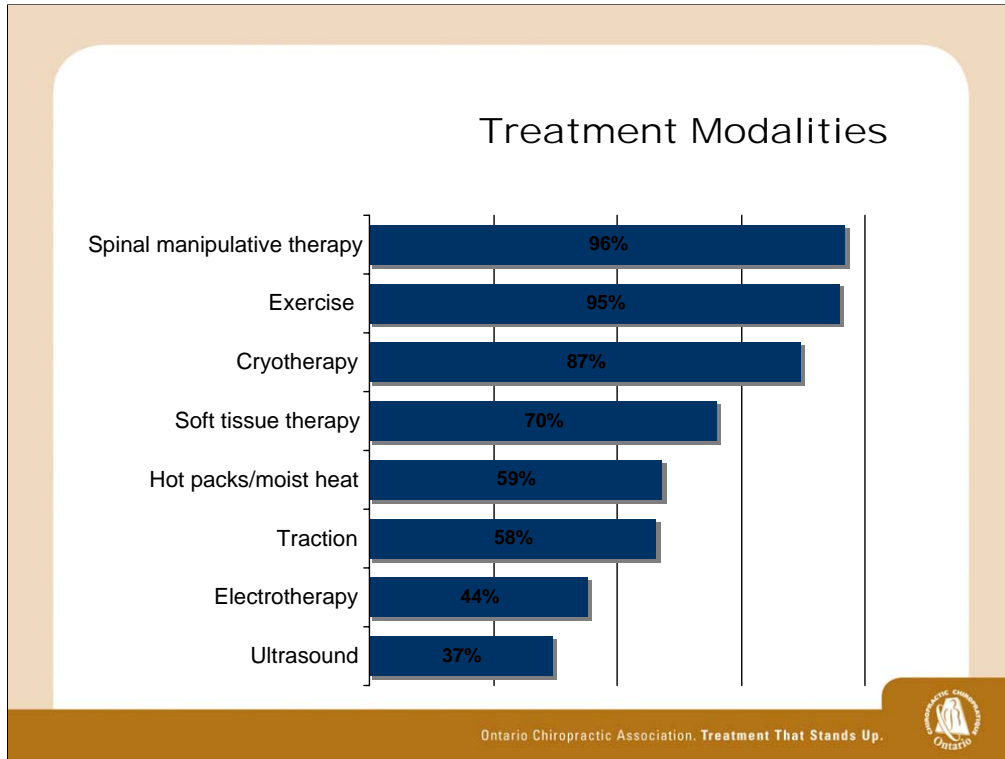


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Note to presenter:

These are the presenting complaints. "Other" is often people who have no specific complaints but are seeking a spinal checkup. Also included in here are non-musculo-skeletal complaints.



Soft tissue therapy includes all of the various techniques; trigger point therapy, muscle energy techniques like post-facilitation stretching, and joint mobilization (as opposed to manipulation).

Treatment Goals

- Acute Care:
 - Relieve Pain
 - Reduce muscle spasm and inflammation
 - Increase flexibility
 - Restore function and range of motion
 - Treatment frequency reduced as progress made
- Return to normal activities of daily living as quickly as possible



Treatment Goals

- Rehabilitation
 - Stabilize
 - Increase strength
 - Maintain flexibility
- Prevention
 - Correct habits
 - Ergonomic modification
 - Minimize recurrences

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Note to Presenter:

“Supportive care” is care to maintain a therapeutic gain, and follows the termination of treatment if the condition returns. This is therapeutically necessary care. It is not the same as preventative maintenance which is considered elective care.



Evidence-Based Practice

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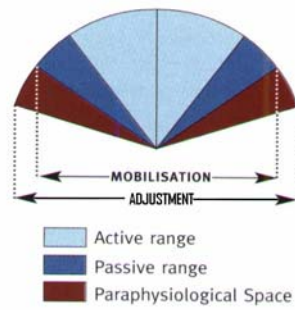
What is spinal adjustment/manipulation?

- Precise procedure, generally applied by hand to the joints
- Force and technique modified to patient age, stature and condition
- Improves joint mobility by restoring the range of motion, reducing muscle hypertonicity thereby relieving pressure and tension



Manipulation vs. Mobilization

- Stages of adjustment and definition of joint manipulation (Sandoz R.)



Rationale for Manipulative Therapy

- Low Back Pain Trials
 - Excess of 45 RCT's
 - Meta-analysis (Cochrane Collaboration)
 - Systematic analytical reviews (Van Tulder, 1996)
 - Multi-discipline overviews
 - Rand (Shekelle 1992)
 - AHCPR (Bigos 1995)



Rationale for Manipulative Therapy

- Cervical Spine Trials
 - <10 RCT's for neck pain and SMT
 - Meta-analysis (Cochrane Collaboration, 2003)
 - Systematic analytical reviews (Hurwitz 1997)
 - Multidiscipline overview: Quebec Task Force on Whiplash, 1995
 - Evidence not as robust as for LBP
 - Generalizability to LBP trials?



Adverse Events

- Muscular soreness or stiffness
 - Majority of events
- Sprain / strain
- Temporal Association (not necessarily causal)
 - Disc injury/herniation
 - Rib fractures
 - Associated with Osteoporosis
- Vertebral artery dissection that may lead to stroke (Infarction) associated with cervical manipulation
 - Estimates vary and epidemiologists report that the rarity makes it difficult to study.
 - The majority of data available puts the temporal risk at 1 in 900,000 to 1 in 2,000,000



Adverse Events


- Biomechanical studies at University of Calgary by Dr. Herzog illustrate for vertebral artery damage to occur a strain of 53% must occur while traditional cervical adjustments produce an average strain of 6% at most
- Risks are low
 - Lower than most alternatives for similar conditions
 - All healthcare procedures/interventions carry risk what matters is that the benefit outweighs the risk
 - Recent CPG's on chiropractic care clearly outline the benefits while also providing guidelines on the risks (you may want to include executive summary of c/s guidelines at presentation)
 - Profession committed to ensuring members are fully aware (seminars, CPG's, informational updates...) of those individuals who might be presenting with symptoms of arterial dissection and or stroke and encouraging the appropriate referral



Evidence Summary


- Strong support for efficacy of conditions making up highest proportion of cases seen by chiropractors





Recent Data

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Ontario WSIB

- Key findings from Program of Care for Acute Lower Back Injuries (POC for ALBI)
- Comparison of select program of care outcomes for chiropractic and physiotherapy patients
- Chiropractic patients:
 - Received more timely care
 - Average 3 days vs. Physio: average 13 days
 - Returned to work earlier
 - Average 9 days vs. Physio: average 20 days
 - Recovered more quickly
 - 11% of patients required care beyond 12 weeks vs. 22% of Physio patients

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Talking points:

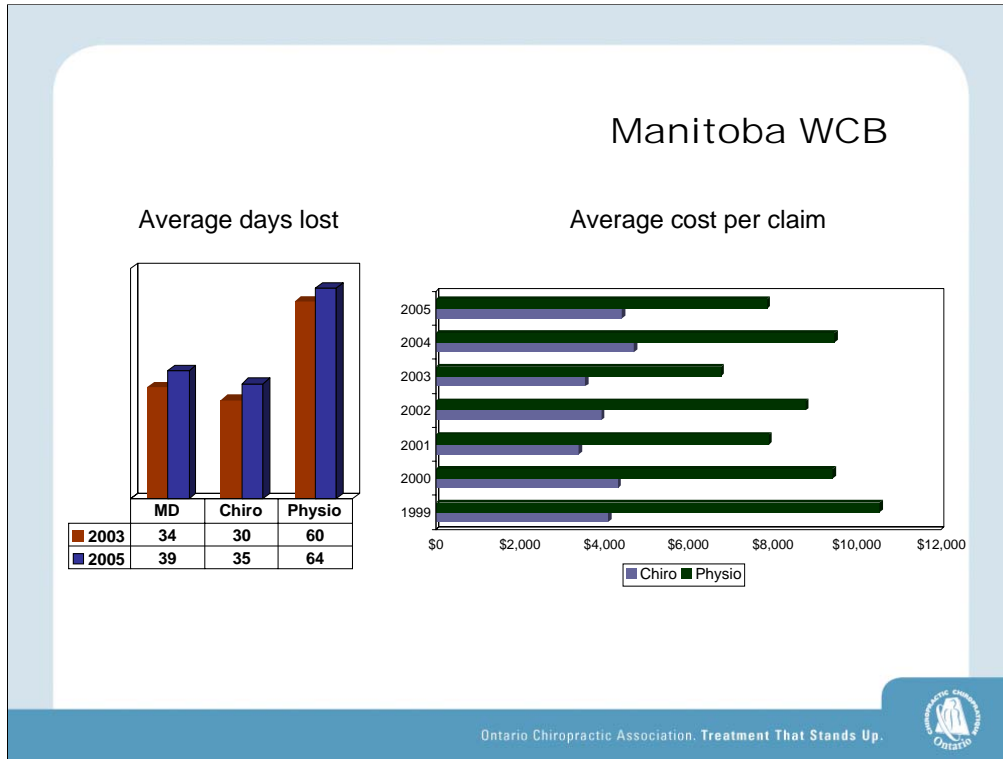
- Neuromusculoskeletal ailments are a significant contributor to organizational absenteeism and health care costs
- Programs of Care are Workers' Safety Insurance Board evidence-based programs developed with health care professionals and WSIB stakeholders whose purpose is to ensure best interventions utilized to treat injured workers
- In the case of the ALBI POC, patient outcomes and experiences were tracked based on the type of practitioner selected: MDs, chiropractors or physiotherapists. Worker experience with chiropractors and physiotherapists is compared here because of similarities in cases and treatment approach

Note to presenter:

- These stats are from 2003, the first year of the ALBI POC. This is the most up-to-date data available
- WSIB's June 2004 report is available on the OCA web site

Tips:

- Again, it is important not to be negative or to criticize other professions



Talking points:

- This information is provided by the Workers' Compensation Board of Manitoba and references outcomes for treatment by MDs, chiropractors and physiotherapists for strains, sprains and tears (SST)
- These graphics compare workers' average lost time per claims and employers' average cost per claim (in the case of cost, only data for chiropractors and physiotherapists are published)
- Results for 2003 and 2005 are illustrated. Observe that in all instances injured workers treated by chiropractors demonstrated favourable outcomes

Note to presenter:

- These stats were provided to the Manitoba Chiropractic Association by the WCB of Manitoba and it turn made available to the OCA

Effectiveness: US Evidence

- Archives of Internal Medicine
 - “Comparative Analysis of Individuals With and Without Chiropractic Coverage: Patient Characteristics, Utilization and Costs” (Oct 2004)
Legoretta AP, Metz RD, et. al.
- Retrospective study of claims data
 - 1.7 million insured workers
 - 700,000 with chiropractic coverage
 - 1 million without chiropractic coverage

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Talking points:

- This was a four-year retrospective study of members of California health plans: 700,000 whose plans had chiropractic coverage and 1 million members who did not have chiropractic coverage
- Although there are obviously significant differences between the US and Canada, the fundamental findings are relevant to Canadian organizations

Legoretta & Metz


- Key findings:
 - Access to chiropractic care “clinically beneficial... may also reduce overall health care costs”
 - Plans that covered chiropractic care saved:
 - 12% in costs to treat neuromusculoskeletal disorders
 - 1.6% in overall health insurance costs
- Drivers:
 - Positive risk selection (patients)
 - Substitution (lower cost than traditional medical care)
 - More conservative (less invasive treatment profiles)
 - Lower health service costs (fees)

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Talking points:

- This study found that EHC plans that covered chiropractic care experienced much lower costs due to, among other factors, the lower cost and less invasive nature of chiropractic treatment, and the tendency of chiropractic patients to lead healthier lifestyles



Models of Interaction

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Indications for Referral

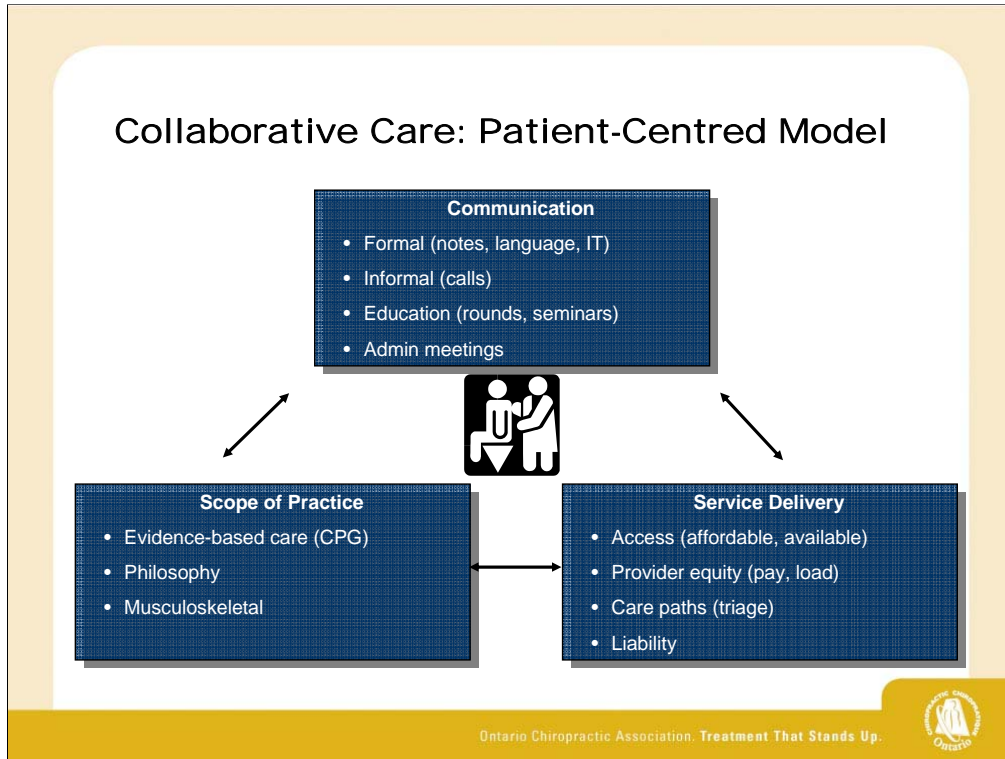
- Back pain/Sciatica
- Neck pain
- Headache
- Repetitive strain injuries
- Myofascial pain syndromes
 - Including whiplash/WAD injuries, sports injuries, and tension headaches with myogenic triggers
- Extremity injuries/MSK disorders



Referrals: What to Expect

- Thorough differential diagnosis
- Radiology – if necessary (14%)
- Informed consent to treatment
- Brief report back to MD on clinical findings
 - Initial, update, discharge
- Outcome-based therapy
 - Discharge patient after complaint resolves
 - Supportive care for chronic recurrent conditions
 - If patient not progressing favourably, will refer back to MD

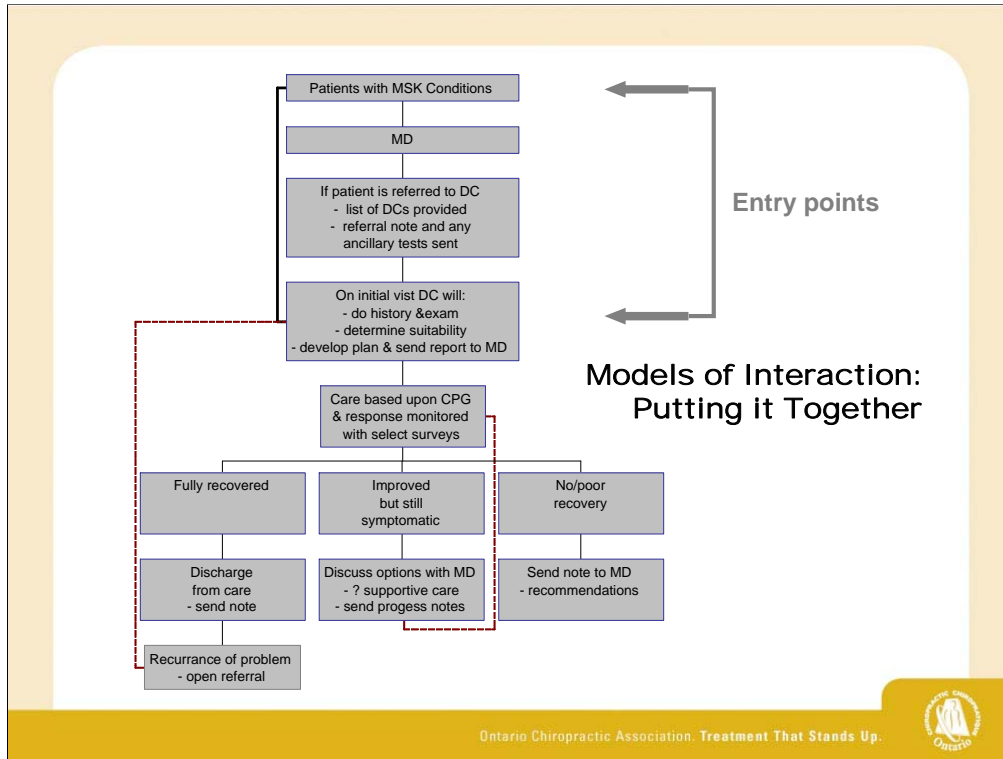




Notes:

Collaboration on shared patients requires a trust relationship between the patient, the physician, and the chiropractor. Collaboration flourishes in those settings where there is both structured, formal communication and informal communication between providers. Patients want to know that their physician and their chiropractor are on the same page..

This is why we always send consult notes back to a referring physician, and also to the physician of a patient who was not referred.



Note:

This is the model of integration used on a collaboration study funded by the Ministry of health and the Primary Health Care Transition Fund. Patients enter either through the physician or chiropractor.

In the case of a physician patient, this simply gives the physician another option for handling those patients who are appropriate for a chiropractic referral. Notice that the communication points are outlined, and that communication is a two way street. They key is the exchange of brief, clinically relevant information.



Discussion

For information, contact:

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Talking points:

- As you invite questions and comments, be sure to distribute and introduce available handout materials

Note to presenter:

- Be sure to thank your audience