

**Guest Editorial:**

**CHIROPRACTIC SCOPE OF PRACTICE AND CLINICAL COMPETENCIES IN AUSTRALIA**

Part 1 – Scope of Practice and advanced titling

**Authors:**

**Dr Peter McGlynn** (PMG) B.App.Sc., MPH, PhD, FASLM, FAICE. Corresponding author:  
[petermcglynn.pm@gmail.com](mailto:petermcglynn.pm@gmail.com) Mobile: +61 400 162 033

Chair, Well-being and Lifestyle Management Clinical Practice Group, Australasian Institute of Chiropractic Education  
Clinical practice – Williamstown, VIC, Australia.

**Dr Peter McCann** (PMC) D.App.Sc., B.App.Sc., M.App.Sc., M.Res. (cand), FASLM, FAICE [peter.mccann@cquemail.com](mailto:peter.mccann@cquemail.com)

Board Member, Well-being and Lifestyle Management Clinical Practice Group, Australasian Institute of Chiropractic Education  
Master of Research (candidate) - School of Health, Medical and Applied Sciences – Central Queensland University, Brisbane, Queensland, Australia  
Casual academic – School of Health, Medical and Applied Sciences – Central Queensland University, Brisbane, Queensland, Australia

**Dr Carl Thistlethwayte** (CT) B.Sc. (Chiro)., M. Chiro., CFMP, CHWC, FASLM, FAICE [thistlethwayte@cqu.edu.au](mailto:thistlethwayte@cqu.edu.au)

Board Member, Well-being and Lifestyle Management Clinical Practice Group, Australasian Institute of Chiropractic Education  
Certified Health and Well-being Coach – Wellcoaches Australia  
Casual academic – School of Health, Medical and Applied Sciences – Central Queensland University, Brisbane, Queensland, Australia

**Dr Lisa McInerney** (LM) B. App Sc (Chiro) / B. App. Sc (Clinical)  
[lisa\\_mcinerney@hotmail.com](mailto:lisa_mcinerney@hotmail.com) Clinical practice – Wangaratta, VIC, Australia

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This is the first of a three-part editorial series on the scope of practice (SOP) for general chiropractors in Australia as determined by undergraduate education and the development of extended scopes of practice for advanced chiropractors based on the accreditation of post-graduate educational pathways, advanced clinical competencies and titling within the Australasian Institute of Chiropractic Education (AICE).(1)

### **Australian burden of disease and a role for chiropractic**

Musculoskeletal (MSK) conditions are the leading cause of years lived with a disability and the fourth leading contributor to the total disease burden in Australia. (2) One in three (6.9 million) Australian adults have MSK conditions including back pain, neck pain, arthritis and osteoporosis. (2) It is estimated that 70%-90% of Australians will experience lower back pain at some point in their lives. (3)

Additionally, chronic and lifestyle-related conditions are a substantial global, national and individual health issue, now responsible for about 70% of deaths worldwide. (4, 5) Many chronic conditions – the most common including cardiovascular disease, respiratory conditions, cancer, musculoskeletal conditions, diabetes and mental health conditions – share common risk factors that are largely preventable or treatable. (5) Our healthcare system is rapidly becoming unsustainable under the strain of the chronic and lifestyle-related disease epidemic.

Chiropractors are well-placed to provide health promotion and clinical preventive services by assessing common lifestyle determinants of health to prevent, manage and reverse the risk factors for MSK conditions and comorbid chronic diseases, which are known to add years of healthy life. (6, 7)

### **Australian chiropractic: utilisation rates, reasons for seeking care and care provided**

A scoping review on the utilisation of chiropractic services in Australia, Canada and The United States (US) reported that musculoskeletal conditions, specifically those of the back and neck regions, were the main reasons for clients of all ages to consult chiropractors. Only 3.1% of the populations surveyed sought chiropractic care for visceral/non-musculoskeletal conditions. (8) The median 12-month use of chiropractic services across the three countries was 9.1% and lifetime utilisation was 22.2%. In Australia, the median 12-month use of chiropractic services decreased from 18.0% in 2001 to 14.5% in 2013. (8)

The ACORN workforce survey of Australian Chiropractic reported that Australian chiropractors managed an estimated 21.3 million patient visits per year (2017) and had referral relationships with a range of primary, allied health and complementary medicine providers, thus playing a significant role in healthcare provision in Australia.(9)

The proportion of Australian chiropractors who reported managing the following clinical conditions on an 'often' basis include low back pain (94.7%), neck pain (93.6%), and

headache disorders (87.2%). In terms of patient subgroups, 73.5% of chiropractors 'often' treat older people ( $\geq 65$  years), 53.2% 'often' treat children (4–18 years) and 49.5% 'often' treat athletes or sports people. (9) The most commonly employed techniques by chiropractors are: high velocity, low amplitude adjustment/ manipulation/mobilisation (82.2%); extremity manipulation (58.8%); drop-piece techniques/Thomson (53.7%); and instrument adjusting (52.3%). Other interventions used 'often' include soft tissue therapy, trigger point therapy, massage therapy and/or stretching (66.1%), specific exercise therapy/rehabilitation/injury taping (49.3%) and heat/cryotherapy (16.6%). (9)

In addition to musculoskeletal management, chiropractors in Australia regularly discuss a range of lifestyle factors related to their clients' clinical presentations and comorbid chronic diseases, including physical activity (84.9%), diet and nutrition (50.5%), occupational health and safety (40.9%), smoking/drugs/alcohol (24.8%), pain management (24.6%) and medications (23.1%). (9) Despite this, chiropractors and other health providers often lack a systematic and evidence-informed approach using validated tools and predetermined outcome measures to assess lifestyle-related health determinants and risk factors for comorbid chronic diseases. A study from the US reported that health providers delivered guideline-recommended preventive services to fewer than 40% of at-risk clients. (10)

### **General scope of chiropractic practice based on undergraduate education**

Scope of practice is not defined under Australian law, but it is expected that all registered health professionals embrace a SOP underpinned by tertiary qualifications and any additional training they may have, with the expectation that they maintain competencies. The core competencies of general chiropractors are prescribed by the Council on Chiropractic Education Australasia (CCEA) which determine the standard chiropractic SOP. (11) Upon successful completion of a CCEA-accredited program, graduates are eligible for chiropractic registration by the Australian Health Practitioner Regulation Agency (AHPRA) in accordance with a code of conduct regulated by the Chiropractic Board of Australia (CBA). (12, 13) Registered chiropractors in Australia have primary contact rights and responsibilities accredited by the Australian Government Department of Health.

#### *Undergraduate chiropractic programs*

To attain AHPRA registration in Australia, chiropractors complete 5 years of undergraduate tertiary education. There are currently four CCEA-accredited university-based chiropractic programs in Australia: Central Queensland University (14), MacQuarie University (15), Murdoch University (16) and RMIT University (17). A fifth chiropractic program based at a private college (Australian College of Chiropractic) has applied for CCEA accreditation and is currently undergoing a 4-year staged accreditation process. (18) Additionally, CCEA accreditation extends to two university-based chiropractic programs overseas, namely Hanseo University - South Korea (19), International Medical

University – Malaysia (20) and two private colleges, the New Zealand College of Chiropractic (21) and the Tokyo College of Chiropractic – Japan (22).

### *Management of neuromusculoskeletal (nMSK) presentations and key determinants of health*

Chiropractors graduate as primary healthcare providers with the knowledge, skills and clinical competencies “... for the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health”. (23) Interdisciplinary assessment, care planning and multimodal management add essential knowledge, skills, diagnostic and clinical measures for improved health outcomes. (11)

Additionally, chiropractors demonstrate the competency to identify other key determinants of health and to advise clients on nutrition, physical activity, psychosocial and other lifestyle factors that relate to nMSK management. (7, 11, 24)

Radiographic imaging is an integral part of a suite of standard diagnostic procedures used by chiropractors, based upon undergraduate training. Chiropractors must comply with the provisions of the code of practice for radiation protection and the *Application of ionizing radiation by chiropractors* (2009). (11)

### **An extended scope of practice based upon post-graduate education and advanced titling**

In addition to the core competencies of general chiropractors, an extended scope of practice for advanced chiropractors now exists based on accredited post-graduate educational pathways, further training and mentoring within the Australasian Institute of Chiropractic Education (AICE). (25, 26) The AICE was established in 2019 to provide a systematic framework within which chiropractors may be recognised for their advanced clinical competencies in special interest areas known as clinical practice groups (CPG's). (25) Currently, recognition and additional titling for advanced competencies exists for CPG's in Neurorehabilitation, Paediatrics, Pain Management, Sports & Exercise and Well-being & Lifestyle Management (WLM). More CPG's are planned.

### **Well-being and Lifestyle Management (WLM) CPG**

The WLM CPG has evolved from the former Nutrition Clinical Interest Group (NCIG) of the Australian Chiropractors Association (ACA). Acknowledging the impact diet and nutrition have upon health outcomes, the WLM CPG assists to facilitate clinical translation of evidence for multiple lifestyle determinants of health into effective behaviour change strategies that may integrate into existing chiropractic practice.

*Well-being* in simple terms, can be described as “*judging life positively and feeling good*”. (27) This broad definition encompasses an individual's own experience of their life, and a comparison of their life circumstances with social norms and values. (28) Well-being is akin to a sense of life satisfaction, incorporating a sense of physical well-being with aspects of psycho-emotional, social and economic well-being as well as personal

development, fulfilling work and engaging activities. (29) We opted to use the term “well-being” as a distinction from “wellness”, often used in popular and social media without evidence-informed sources or robust literature support.

*Lifestyle Management* is an important facet of primary healthcare and is a key feature of the rapidly emerging global health movement of *Lifestyle Medicine* which “..provides an interdisciplinary, whole-system approach to the prevention, treatment and reversal of chronic and lifestyle-related diseases through the modification of the behavioural, social and environmental drivers.”(30) Lifestyle Medicine refers to an approach, rather than a reference to pharmaceuticals, in the same context as “Food as Medicine” or “Exercise as Medicine”.

The use of the term “specialist” and the protection of the term “Medicine, precludes their use by non-medical health providers, including chiropractors, as a formal post-nominal titles in Australia ” in accordance with AHPRA regulations. (31) To accommodate this, the WLM Board determined that the AICE CPG would be named Well-being and Lifestyle Management, which serves as both an appropriate descriptor of the WLM chiropractor’s extended scope of practice and enables use of the abbreviated title of “WLM Chiropractor”. Approval for this name was granted by both ACA and AICE boards in December 2020. Titling within the WLM CPG is the first known credentialing of lifestyle management by a single healthcare profession in Australia.

### **Clinical implications of an extended scope of practice for WLM chiropractors**

Chiropractic management of nMSK presentations proceeds according to the general practice techniques preferred by the individual chiropractor. Evidence-informed clinical practice guidelines exist for chiropractic management of chronic MSK pain. (24)

The advanced WLM chiropractor co-designs individualised health plans to positively influence the lifestyle determinants associated with their clients’ nMSK presentations, related co-morbidities and chronic diseases. Lifestyle management strategies include the application of evidence-informed knowledge, skills and validated tools for the systematic assessment of diet and nutrition, exercise and movement, stress, sleep hygiene, tobacco cessation, alcohol consumption, risky behaviours and the promotion of positive psychology and social connectedness. (32)

Readiness for sustainable lifestyle behaviour change is assessed and strategies developed in a shared care and personal responsibility environment with the clients, their families, other health professionals and social support groups to maintain ethical standards and safety whilst building the client’s self-efficacy. (32) Clinical practice guidelines for the role of chiropractic care in providing health promotion and clinical preventive services exist for adults with MSK pain. (7)

The WLM CPG within the AICE has developed a framework to outline the advanced competencies necessary for credentialing as a chiropractor with Well-being and Lifestyle Management skills. (21) This framework will be outlined in a subsequent manuscript submitted to this journal – “Part 2 – A Competency Framework for Well-being and Lifestyle Management.”

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