I was recently sent a link to a white paper released by the Wisconsin Chiropractic Association entitled ‘The Primary Spinal Care Physician Initiative’.

I rarely publicly respond to positions from political associations. However, due to the position taken in this paper, and since the paper was made public, I feel a visceral need to publicly speak out on behalf of the current expertise and competence of chiropractors and the level of evidence regarding the effectiveness and cost-effectiveness of the current scope of chiropractic practice. I felt there was an acute need to provide an opposing argument to their position.

I am not taking a political stance on this issue; I am taking a scientific evidence and patient advocate stance on this issue. In my opinion politics should have no place in determining scope of practice in chiropractic or in healthcare. Evidence not politics must guide this debate.

The main position points of the Wisconsin Chiropractic Association ‘Primary Spinal Care Physician Initiative’ paper appear to be:

1. There is a huge burden of non-surgical spine related disorders on the healthcare system
2. Primary care medical physicians have inadequate time, inadequate interest, inadequate specialty training, and have interventions that provide inadequate patient outcomes with respect to spine related disorders
3. Chiropractors as Primary Spinal Care Physicians would have adequate interest, adequate training, and provide adequate outcomes IF THEY INCREASED THEIR SCOPE TO INCLUDE PRESCRIBING DRUGS.

Yes you read that correctly. The Wisconsin Chiropractic Association is actually publicly stating that chiropractors, as they are currently trained and currently practice, are incapable of acting as Primary Spinal Care Physicians. This is actually the main premise of their paper. As a chiropractor familiar with the literature I cannot think of anything less accurate, more insulting, or more harmful to the reputation of chiropractic.

Other than stating that chiropractors are inadequate to act as Primary Spinal Care Physicians unless they prescribe drugs nothing else contained in this paper is new or controversial. As chiropractors surely we all know that non-surgical spine related disorders represent a huge burden and we all know that primary care physician management of these disorders is inadequate in terms of patient outcomes, cost effectiveness, and safety. What I thought we all knew as chiropractors was that the reason WHY primary care physician care is inadequate is because of WHAT interventions primary care physicians use – mainly prescription drugs.

The question being begged, perhaps pleaded on hands and knees, is this: Why could chiropractors not act as Primary Spinal Care Physicians within our current scope of practice with
Chiropractic or Chiropractic plus Prescription Drugs?
Dr. James L. Chestnut B.Ed., M.Sc., D.C., C.C.W.P.

our current level of education, training, and expertise? What is most puzzling is that the authors provide an extensive bullet point list of the skills and training that would constitute a valid, capable Primary Spinal Care Physician and the ONLY THING on the list that does not read like a standard chiropractic college curricula summary is “management of pharmaceutical therapies”.

What this paper completely ignores are the most important and defining questions regarding this topic which are:

1. How would adding prescribing drugs to patients make chiropractic care more effective, more cost effective, or safer?
2. What are the most evidence-based interventions for spine related disorders in terms of patient outcomes, cost effectiveness, and safety?
3. Which practitioners are most highly trained and most competent at delivering these evidence-based interventions?

The authors provide no evidence or even a lucid argument that adding drugs to chiropractic management of spine related disorders will improve patient outcomes, improve cost effectiveness, or improve patient safety. Worse, they completely ignore the evidence to the contrary. A few examples:

Chapman-Smith, David. The Chiropractic Report (September 2008 Vol 22 No. 5)

“Medical leaders such as Waddell, who was a principal consultant for the literature review for both the UK and the US national back pain guidelines in the 1990s and is author of the highly respected text The Back Pain Revolution, acknowledge that management of low-back pain was “a 20th century health care disaster” and that “it is now time for a fundamental change in clinical management and reorganization of health care to meet the needs of these patients.” For patients with common or mechanical back pain and neck pain/headache there is now a change from extensive diagnostic testing, rest, medication for pain control and surgical intervention based on structural pathology as in traditional medical practice, to exercise, manual treatments, early mobilization of patients and education about the spine and lifestyle, based on functional pathology as in traditional chiropractic practice.

“This management approach is not only effective but highly cost-effective.”
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A recent review found 59% of patients treated with opioids for less than 3 months experienced an adverse effect. Adverse effects were even more common with treatment longer than 3 months, occurring in 73% to 90% of patients, and up to one-third of patients discontinued treatment because of side effects.”

“Constipation occurs as a result of decreased peristaltic propulsive contractions, increased small and large bowel tone, and decreased biliary, pancreatic, and intestinal secretions.”

“Clinically, the most common problem in men is androgen deficiency because of suppression of pulsatile gonadotropin-releasing hormone by the hypothalamus which presents as low libido, erectile difficulties, low energy, easy fatigue, and depressed mood.”

“In women, there may also be decreased libido and changes in menstrual cycle.” “There may also be instances of osteoporosis, and broader hypothalamic-pituitary suppression.”


“Studies did not provide evidence for long-term use of muscle relaxants in CLBP.”

“Muscle relaxants demonstrated more CNS side effects compared with placebo in nearly all trials.”

“Sudden discontinued chronic use of benzodiazepines is associated with delirium tremens, whereas abruptly discontinuing baclofen may result in seizures.”

“The blockade of COX enzymes, neutrophil function, and phospholipase activity by NSAIDs account for related renal, GI, and potential cardiovascular side effects. The risk of GI, renal, and hepatic complications in patients taking nonselective NSAIDs is well known.”

“The costs of side effects associated with these drugs should also be considered. A Canadian study using the Quebec provincial public health-care database found that for each dollar spent on nonselective NSAIDs an extra $0.66 was used on their side effects.”
The fact is that the most evidence-based interventions for spine related disorders in terms of effectiveness, cost effectiveness, and safety are chiropractic adjustments or manipulations, spinal fitness exercises, and lifestyle – the very things that are most representative of a typical chiropractic intervention protocol.

These authors are taking a valid point regarding the facts that there is an acute need for Primary Spinal Care practitioners and that chiropractors should be Primary Spinal Care practitioners - a point best articulated in the Manga Report (the most comprehensive review of the topic in history) decades ago and anchoring it to their unfounded, unsubstantiated, illogical, and insulting premise that prescribing drugs is necessary to make chiropractors worthy of such a role. Nothing could be more absurd – based on the EVIDENCE.

The evidence is clear. The less drugs patients take for non-surgical spinal related disorders the better. This is true not just for patient health outcomes but for overall health and for cost effectiveness. Virtually every study that has compared chiropractic care to medical care has shown the superiority of chiropractic care in terms of effectiveness and cost effectiveness and safety. Just so there is no confusion, medical care in these studies, as in the vast majority of clinical practice, is prescribing drugs. Again, a few examples:


“On the evidence, particularly the most scientifically valid clinical studies, spinal manipulation applied by chiropractors is shown to be more effective than alternative treatments for low back pain.”

Many medical therapies are of questionable validity or are clearly inadequate.” “Our reading of the literature suggests that chiropractic manipulation is safer than medical management of low back pain.”

“What the literature revealed to us is the much greater need for clinical evidence of the validity of medical management of low back pain.”

“There is an overwhelming body of evidence indicating that chiropractic management of low-back pain is more cost-effective than medical management.”

“The lack of any convincing argument or evidence to the contrary must be noted and is significant to us in forming our conclusions and recommendations. The evidence includes studies showing lower chiropractic costs for the same diagnosis and episodic need for care.”
Legorreta et al. 2004 Comparative Analysis of Individuals With and Without Chiropractic Coverage. Arch Int Med 164 (18)

“In our study population of 0.7 million members who had chiropractic coverage in the medical plan, we estimated an annual reduction of approximately $16 million as a result of lower utilization of high-cost items.”

“This study provides additional information regarding the economic benefits and utilization patterns associated with systematic access to chiropractic care.”


In the limited population studied, PCPs utilizing CHIROPRACTORS emphasizing a variety of CAM therapies had substantially improved clinical outcomes and cost offsets compared with PCPs utilizing conventional medicine alone.


Chiropractors using a nonsurgical/nonpharmaceutical approach demonstrated reductions in both clinical and cost utilization when compared with PCPs using conventional medicine alone.

Von Heymann et al. (2013) Spinal high-velocity low amplitude manipulation in acute nonspecific low back pain: a double-blinded randomized controlled trial comparison with diclofenac and placebo JMPT 38 (7) 540-548

“Low back pain is an important economical factor in all industrialized countries. Few studies have evaluated the effectiveness of spinal manipulation in comparison to nonsteroidal anti-inflammatory drugs or placebo regarding patient satisfaction and function of the patient, off-work time, and rescue medication.”

“Spinal manipulation was significantly better than nonsteroidal anti-inflammatory drug diclofenac and clinically superior to placebo.”

“A fair interpretation of the evidence accumulated to date indicates that the impact of chiropractic mandates comes close to the “best case” scenario of low costs and high benefits.”

“Accordingly, the continuation of mandated chiropractic provider services in health care appears both reasonable and sound. It is a cost-effective provision in health insurance, and one that also serves the important goal of health care cost containment.”


“Provider type during disability episode was associated with the hazard of disability recurrence after returning to work. Compared with only or mostly chiropractor, the groups of only or mostly physical therapy and only or mostly physician had significantly higher hazard ratios (greater hazard or recurrence).”

“Care from chiropractors during the disability episode, during the health maintenance care period, and the combination of both was associated with lower disability recurrence hazard ratios.”

“Those cases treated by chiropractors had less use of opioids and fewer surgeries.”

“In addition, people who were mostly treated by chiropractors had, on average, less expensive medical services and shorter initial periods of disability than cases treated by physiotherapists and medical physicians.”

“This clear trend deserves some attention considering that chiropractors are the only group of providers who explicitly state that they have an effective treatment approach to maintain health.”

How could these authors posit that the only way that chiropractors could qualify as primary spinal care doctors is by adding the prescribing of drugs? These authors are completely misleading their membership and the public by making it appear that what chiropractors currently have to offer is somehow not adequate to qualify as valid, effective, cost effective, and safe Primary Spinal Care doctors.
Further, their stance is in direct opposition to the opinion of every independent government enquiry ever produced (Manga Report – Canada; New Zealand Government Commission; Australian Medicare Benefits Review Committee; Swedish Government Commission; Kings Fund Report and House of Lords’ Select Committee on Science and Technology (Complementary and Alternative Medicine) and the Appellate Court of the United States (Wilk’s Case).

If anything you would think that a chiropractic association would be making the case that their members should be primary spinal care doctors based on the evidence of the superiority of their chiropractic care not based on the inferiority of their care which can only be alleviated by adding expensive, dangerous, ineffective drug prescription interventions to their scope of practice.

**The fact is that there is nothing outside the current scope of chiropractic practice that is more evidence-based, more effective, more cost effective, or safer than what is currently within the chiropractic scope of practice.**

The very foundation of this paper, written and made public by a chiropractic association, is a belief that chiropractic as it is currently taught and practiced is inferior and inadequate and that the only way to make chiropractors worthy of being primary spinal care doctors is to add prescribing drugs to the chiropractic scope of practice.

Though there may be many valid philosophical arguments against this position I don’t believe that this is at the heart of the matter a philosophical issue. This is a scientific and clinical evidence issue. The evidence shows that chiropractic, based on the criteria of effectiveness, cost effectiveness, and safety, is, as it stands, evidence-based and the best suited profession to be primary spinal care doctors.

According to experts like Manga, the Appellate Court of the United States, and many others, the reason chiropractors are not already primary spinal care doctors has nothing to do with an inferiority of evidence for chiropractic or the superiority of evidence for drug or medical intervention. The reasons are political and financial and always have been.

I can’t help but wonder what the impetus was for the position of the Wisconsin Chiropractic Association. I find it incredible that a chiropractic association would take such a public stance. Not because I expect chiropractic associations to have blind faith in chiropractic or to blindly espouse the superiority of chiropractic but because I expect chiropractic associations to be evidence-based and to be literate with regard to the evidence regarding the most effective, cost effective, and safest interventions for the care of patients with spine related disorders.