



AUSTRALIAN  
CHIROPRACTORS  
ASSOCIATION

# COAG and the Safer Care Victoria Review

DECEMBER 2019



# Background Information and Recap

## HOW DID WE GET HERE?

In late February 2019, the chiropractic profession received a high volume of negative news coverage when a video of a registered chiropractor in Victoria treating a young baby was published first in the Herald Sun, and then across the country and internationally. This led to calls for an investigation of the chiropractor in question by the Health Minister of Victoria, Jenny Mikakos MP. The Minister also called for an investigation into chiropractic to “ensure there aren’t other chiropractors around Australia who are similarly undertaking these types of practices.”

The chiropractor in question entered a number of voluntary undertakings with the Chiropractic Board of Australia, including an undertaking not to provide any chiropractic treatment of children from birth to 12 years, pending the results of an investigation by the Board. For the purposes of the undertaking, ‘chiropractic treatment’ of children included assessment, undertaking a diagnosis/clinical impression, formulating and implementing a management plan (including spinal manipulative therapy) monitoring or reviewing care, facilitating coordination or continuity of care.

## VICTORIAN HEALTH MINISTER

Subsequently, the Victorian Health Minister placed the issue on the agenda of the March Council of Australian Governments (COAG) Health Council meeting, a twice-yearly meeting of Commonwealth, State, Territory and New Zealand Ministers with responsibility for health matters, and the Commonwealth Minister for Veterans’ Affairs.

The COAG Health Council provides a forum for cooperation on health issues by all jurisdictions, especially primary and secondary care and fulfils regulatory/governance obligations that fall within the health portfolio in the areas of national registration and accreditation.

The communique released by the Council immediately following their meeting on 8 March stated:

*Health Ministers noted community concerns about the unsafe spinal manipulation on children performed by chiropractors and agreed that public protection was paramount in resolving this issue.*

*Ministers welcomed the advice that Victoria will commission an independent review of the practice of spinal manipulation on children under 12 years, and the findings will be reported to the COAG Health Council, including the need for changes to the National Law.*

*Ministers supported the examination of an increase in penalties for advertising offences, such as false, misleading or deceptive advertising, under the Health Practitioner Regulation National Law, to bring these into line with community expectations and penalties for other offences under the National Law. This decision was informed by recent consultation about potential reforms to the National Law in 2018.*

*Ministers will consider the outcomes of the independent review and determine any further changes needed to protect the public.*

## CBA INTERIM POLICY

Shortly thereafter, on 14 March 2019, the Chiropractic Board of Australia placed a temporary restriction on chiropractors



providing spinal manipulation to children under two years of age, pending the outcome of the independent expert review by Safer Care Victoria.

For the purpose of the Board's interim policy, 'spinal manipulation' means moving the joints of the spine beyond the child's usual physiological range of motion using a high velocity, low amplitude thrust.

## SAFER CARE VICTORIA REVIEW

The Victorian Health Minister tasked Safer Care Victoria (SCV) to lead the independent review of the practice of spinal manipulation on children under 12 years.

According to the review terms of reference, it would examine and assess the available evidence, including information from consumers, providers, and other stakeholders, for the use of spinal manipulation by chiropractors on children less than 12 years of age and deliver a final report and recommendations within six months from commencement.

SCV was asked to establish a panel that would be responsible for reviewing the available evidence and public submissions. The review would consist of two principal elements. Firstly, a systematic evidence review undertaken by the Cochrane Australia at the School of Public Health & Preventive Medicine at Monash University. This review would look at evidence for both harm and effectiveness. Secondly, a call for public written submissions. The panel was tasked with working collaboratively and using the systematic review as well as the evidence gathered from written submissions to inform SCV's final report and recommendations to the Victorian Health Minister.

The role of the panel was to advise on the review, enabling SCV to provide recommendations to the Victorian Health Minister. Specifically, the panel were asked to:

- work collaboratively to develop and endorse the scope of the review;
- set the parameters for the literature searches and systematic review;
- determine the questions to be asked that would frame the call for public written submissions; and
- use all evidence gathered to inform SCV's final recommendations.

The panel was chaired by SCV CEO Professor Euan Wallace AM, and included the Victorian Chief Allied Health Officer and Chief Medical Officer, as well as expert paediatric medical practitioners (with expertise in evidence translation), a paediatric allied health clinician with expertise in musculoskeletal practice and an academic allied health professional (with expertise in evidence translation) as well as two consumer representatives. The panel also included representatives from the Chiropractic Board of Australia (Chair, Dr Wayne Minter AM), Australian Chiropractors Association (CEO, Adj Assoc Prof Matthew Fisher) and a registered chiropractor with paediatric experience (Dr Genevieve Keating).

## SCV PUBLIC CONSULTATION

The SCV public consultation opened in late May and ran for approximately six weeks. The ACA strongly encouraged all chiropractors to make their views known in this consultation and encouraged practitioners to ask their patients to participate also. In all our communications to members we reiterated that stories from patients would be particularly valuable in informing the review panel of the importance of paediatric chiropractic care to families across Australia.

From the very beginning the ACA anticipated that the review would demonstrate limited evidence of harm arising from chiropractic care for children and that this care is highly valued by parents across the country. Nevertheless, in her media release announcing the start of the public consultation, the Victorian Health Minister said:

*"Now is the time for parents who have experienced the*

*dangerous practice of child spinal manipulation to have a say and share their story.*

*"We won't rest until babies are protected from practices we know to be harmful, and that we can be sure children under 12 are not being exposed to harm.*

*"The risks of spinal manipulations on newborn babies outweigh any benefits, but more needs to be known about children under 12. We need a national approach and that may involve changes to the law if necessary."*

## ACA REPRESENTS THE PROFESSION

The ACA's submission to the Review Panel noted there is little or no evidence of risk of harm to the paediatric population undergoing care from a chiropractor, specifically under the age of two years and, more broadly, under the age of 12 years, either in Australia or internationally. This is supported by a number of systematic reviews and analysis of available complaint and/or insurance data.

While it is appropriate for regulators to act to restrict patient harm when there is credible evidence of risk, when no such harm has been reported or demonstrated, informed patient choice should be a priority.

The ACA has always maintained that the Victorian Health Minister has initiated an unusual step in the process of healthcare regulation in Australia by targeting a single profession. The ACA has advocated strongly and persistently that chiropractic should not be singled out for age-related regulatory restrictions when medical practitioners, physiotherapists and osteopaths can all provide similar care. There is an existing system of regulation dealing with risk in Australia which is, and continues to be, effective and this should be applied uniformly across all fifteen registered health professions.

Over the course of the past six months, the ACA CEO travelled to Melbourne on 11 separate occasions to attend meetings of the review panel. According to Dr Fisher, *"the review panel process I participated in was conducted robustly, and it was extremely pleasing that the public consultation elicited such a huge response from members of the community. I have consistently maintained this information should be made available to help all decision makers across the country understand public opinion and sentiment about this matter."*

As the profession's peak body in Australia, the ACA has worked tirelessly to educate, inform and influence the views of Commonwealth, State and Territory decision makers including legislators and bureaucrats. In this time ACA staff have travelled around the country to meet with Health Ministers, political advisors, public servants, and other key decision makers to represent our view on the report at the highest levels. In these meetings the ACA has spoken about the important role we play in our patient's health outcomes, the ACA's position on the SCV review, and why your ability to treat all Australians who could benefit from your care, regardless of age, should not be restricted.

However, the ACA did not do this alone. There has been a large and persistent effort by chiropractors to advocate and lobby on behalf of the chiropractic profession. Most importantly, this included mobilising our patients to ensure their voices were heard by decision makers as well. Throughout this process, only the ACA has provided members with the resources and campaign materials to assist you to undertake this work. The ACA has kept you up-to-date with all the latest information via email, news articles, videos and on social media, including important information for you to share with your patients.

The ACA Board acknowledges that we have asked much from you over the past six months. However, with your support and the support of your patients, we hope we have been able to ensure your ability to care for Australians of all ages is not restricted unnecessarily.

# Safer Care Victoria Final Report

## SUMMARY OF OUTCOMES AND RECOMMENDATIONS

As a consequence of concerns expressed by members of the public following the publication of a video showing the treatment by a chiropractor of a newborn infant in August 2018, the Health Minister of Victoria asked for an independent review of the practice of spinal manipulation in children under the age of 12 years.

In March 2019, Safer Care Victoria (SCV) established an independent advisory panel to provide “expert guidance and advice to inform the review.” Panellists included medical experts in paediatrics, chiropractors, and regulators. It was chaired by the head of Safer Care Victoria, Professor Euan Wallace.

The review included a public consultation, consultation with practitioners and regulators and a systematic review of the evidence by Cochrane Australia.

In arriving at its recommendations, SCV stated that they have sought to strike a balance between diverse, and, at times, directly opposed, views.

This was not easy according to the head of SCV, Professor Euan Wallace who noted that “to say that the lack of strong evidence of either effectiveness or serious harm failed to provide robust foundations for recommendations would be an understatement.”

### Review of the evidence of harm

A search of the available literature was conducted by Cochrane Australia along with an analysis of patient complaints, practitioner notifications and an evaluation of insurance claims data from chiropractic insurers.

The review found very little evidence of patient harm for spinal manipulation in the treatment of children under 12 years. No patient complaints were identified and there were no practitioner notifications.

Three reports of serious harm were reported relative to spinal manipulation in children under 12 years. None of these events involved chiropractors, nor did they feature techniques used by chiropractors in Australia.

It was considered that there were two main reasons why evidence of harm was low:

- spinal manipulation is rarely applied by chiropractors in the treatment of children under two years; and
- chiropractors utilise modified force techniques such that there is little likelihood of children receiving high velocity, low amplitude thrust spinal manipulation.

Despite these findings, the review states that spinal manipulation in children under the age of 12 years cannot be considered wholly without risk and that any risk of harm should be weighed against the evidence of benefit, especially in children under the age of two years.

### Review of the evidence of effectiveness

SCV commissioned Cochrane Australia to undertake a systematic review of the effectiveness and safety of spinal manipulation in children under the age of 12 years.

The resulting systematic review concluded that the evidence base was very poor. It concluded that no strong evidence of effectiveness exists for the following conditions:

- infantile colic;
- enuresis (bed wetting);
- back and neck pain;
- headache;
- asthma;
- otitis media;
- cerebral palsy;
- hyperactivity; and
- torticollis.

Weak evidence was found for modestly reduced crying time in infantile colic and reduced wet nights in children with enuresis.

SCV concluded that spinal manipulation cannot be recommended for headache, asthma, otitis media, cerebral palsy, hyperactivity or torticollis. It further concluded that the unlikely evidence of benefit versus the potential risks of harm should be considered in the use of spinal manipulation in the treatment of infantile colic and enuresis.

### Public consultation

A public consultation resulted in 21,824 responses from people who had accessed chiropractic spinal care for children under the age of 12 years.

99.7% of respondents reported a positive experience of chiropractor care of children.

98% reported an improvement in symptoms following chiropractic care.

The panel noted a strong thread in the responses stressing the importance of the right of parents to choose the best care for their children.

The most common conditions for which chiropractic spinal care was sought for children under 12 years were as follows:

- posture;
- colic;
- neck pain;
- breastfeeding issues;
- back pain; and
- headache.

0.3% of respondents reported a negative experience. Principal reasons cited included cost of care relative to perceived benefit, excessive use of x-rays, pressure to avoid medication or advice to avoid previously consulted health professionals.

### Health practitioner consultation

2735 responses were received from healthcare practitioners.

Of the 85% of those confirming they provided spinal care to children, 99.5% were chiropractors.

Of the respondents, 80% stated they treated children aged 0-3 months, while 88% confirmed they treated children aged 0-24 months. The most commonly reported benefits of care described by respondents were decreased pain, improvement in sleep patterns, more relaxed, improved breastfeeding and latching and improved range of movement.

No example or experiences of serious harm were reported through this consultation.

## RECOMMENDATIONS OF SAFER CARE VICTORIA

### Improved safety

1. Spinal manipulation should not be provided to children under 12 years of age, by any practitioner, for general wellness or for the management of the following conditions:

- developmental or behavioural disorders;
- hyperactivity disorders;
- autism spectrum disorders;
- asthma;
- infantile colic;
- bedwetting;
- ear infections;
- digestive problems;
- headache;
- cerebral palsy; and
- torticollis.

Section 123 of National Law defines spinal manipulation as “moving the joints of the cervical spine beyond a person’s usual physiological range of motion using a high velocity, low amplitude thrust.” This recommendation is based on the lack of evidence of effectiveness for these conditions and the current statement on advertising regarding inappropriate claims of benefit, made by the Chiropractic Board of Australia.

2. All national boards of the health practitioners permitted to perform spinal manipulation (chiropractic, osteopathy, medical and physiotherapy) should consider Recommendation 1 when reviewing their current policies, if any, on spinal manipulation of children.
3. Prior to treatment, practitioners offering spinal manipulation for children should provide parents or guardians with written information about the proposed benefits and possible risks of care. In their statement on paediatric care, the Chiropractic Board of Australia already expects practitioners to provide parents such information. This recommendation would require that the information is provided in written form.
4. The national boards should periodically review notification data to identify any trends or evidence of harm that may require changes in policy, in line with the principles of risk-based regulation.

### Improving quality

5. Given the lack of Australian-based clinical trial evidence, the practitioner groups permitted to provide spinal manipulation (chiropractic, osteopathy, medical and physiotherapy) urgently undertake research to develop an evidence base for spinal manipulation on children, ceasing practice where the evidence shows no benefit. Health Ministers should consider whether relevant funding bodies (e.g. NHMRC, MRFF) specifically allocate funding for a priority targeted research call to address this evidence gap.
6. Practitioner groups that provide spinal manipulation (chiropractic, osteopathy, medical and physiotherapy) must lead on developing evidence-based guidance on spinal manipulation of children for both practitioners and consumers, using National Health and Medical Research Council endorsed methods. Such guidance material should form the basis of written information for parents, advising them of proposed benefits and potential risks of intended care (see Recommendation 3).
7. Consideration should be given by the Chiropractic Board of Australia to various models of advanced chiropractic training in paediatric care, particularly in spinal manipulation. In the longer term, the post-registration training on offer to chiropractors with a special interest in paediatrics should be assessed against the evidence-based guidelines.

### Eliminating false advertising

8. The Australian Health Practitioner Regulation Agency (AHPRA) and the national boards should continue to audit practitioners in the application of their guidance regarding advertising.
9. The national boards should consider whether explicitly prohibitive advertising statements are issued regarding spinal manipulation in children where there is evidence of no benefit, as detailed in Recommendation 1.
10. Health Ministers should consider increasing penalties for advertising offences under Section 133 of the National Law, where a registered practitioner claims benefits of spinal manipulation in children that have no evidence base (see Recommendation 1). The current penalty for advertising offences under Section 133 of the National Law is a maximum of \$5000 for an individual and \$10,000 for a corporation. These are substantially lower than penalties allowable under the National Law for falsely claiming to be a registered practitioner (\$60,000 for an individual and \$120,000 for a corporation) or for misleading advertising under Australian consumer law (\$220,000 for an individual).

### Read the SCV Report

The full report is now available on the SCV website and in the ACA COAG Portal including the full Public Consultation Report prepared by EY Sweeney (Appendix B) and the Systematic Review of Spinal Manipulation in Children prepared by Cochrane Australia (Appendix C).

## ACA COMMENTARY

### Recommendations 1, 2 and 9

The ACA does not support Recommendations 1, 2 and 9 in keeping with our submission to Safer Care Victoria.

In the week before the COAG Health Council meeting the following correspondence was sent to all Health Ministers (except Victoria) by the CEO, Matthew Fisher:

*I am writing to you regarding the Safer Care Victoria (SCV) Report you will have received and its recommendations in relation to chiropractic care to patients under 12 years of age.*

*All along the chiropractic profession has treated this independent review with a straight bat. I participated on the review panel over the course of six months alongside numerous other professionals with expertise in chiropractic care, academic allied health, health practitioner regulation, healthcare evidence, governance, paediatrics and paediatric surgery, and musculoskeletal care, as well as consumer representation. I do not believe it was the view of the review panel that spinal manipulation, as defined in Section 123 of National Law, should not be provided to children under 12 years of age.*

*This was based on an exhaustive review of all available academic evidence, and an extensive public consultation. The public consultation, one of the largest ever undertaken in Australia, received over 26,000 submissions from members of the public who almost unanimously supported the ability of the profession to provide care to those under the age of 12.*

*Following the conclusion of the SCV review panel the recommendations have been altered without further input from panel members. This calls into question the independence of the review, as agreed by the COAG Health Council at your March meeting.*

*The recommendations in the final report you have received are significantly different to the recommendations previously presented to the review panel. These recommendations, if adopted, will intervene in a parent's choice and right to choose the most appropriate care for their children and devastate and unnecessarily harm the chiropractic profession. This is unacceptable.*

*The Victorian Health Minister decided to call this review at the last minute immediately prior to the March COAG meeting based on a single media story. She was provided with a robust and independent report that appears not to run to the narrative she wanted based on her very public comments when announcing the public consultation in May. I believe you are now being asked to support recommendations that did not exist in any other version of the review's report.*

*I urge you to consider the original recommendations based on the independent panel's deliberations, prior to what may appear to be political interference when finalising the report.*

*I would suggest the implications of modifications to recommendations from any independent review panel are significant and contrary to transparency and public interest. The Victorian Health Minister has acted not just in haste, but contrary to the evidence showing chiropractic care is safe and ignoring the huge number of Australians who support the profession and its ability to provide care.*

*Current utilisation for chiropractic paediatric care is conservatively estimated to be 30,000 visits per week (approximately 8 to 10% of more than 300,000 patients visits per week) and the profession has one of the highest retention rates of patients of any profession, for good reason. Australian chiropractors are world-leading, and they are great at their jobs. Further Government regulation and interference will do little to support any cause, no matter how altruistic.*

### Recommendations 3 to 8 and 10

The ACA supports in principle Recommendations 3 to 8 and 10; the ACA supports informed consent, improving outcomes data, further research, best practice guidance and advanced training.





## COAG Outcome

### OPTIONS FOR A NATIONALLY CONSISTENT APPROACH TO THE REGULATION OF SPINAL MANIPULATION ON CHILDREN

In March 2019, Health Ministers noted community concerns about the potentially unsafe spinal manipulation on children performed by chiropractors and other health professionals and agreed that public protection was paramount in resolving this issue.

On 1 November, Health Ministers considered the independent review commissioned by the Victorian Minister for Health, undertaken by Safer Care Victoria (SCV) regarding the effectiveness and safety of chiropractic spinal manipulation of children under 12 years for any condition or symptom.

Ministers considered a number of recommendations, including increasing penalties for advertising offences under the Health Practitioner Regulation National Law Act 2009, where a

registered practitioner claims benefits of spinal manipulation in children that have no evidence base.

Ministers agreed to refer the findings and recommendations of this review to the Australian Health Ministers' Advisory Council for further consideration and next steps.

### ABOUT AHMAC

The Australian Health Ministers' Advisory Council (AHMAC) is the advisory and support body to the Council of Australian Governments (COAG) Health Council. It operates to deliver health services more efficiently through a coordinated or joint approach on matters of mutual interest. AHMAC is responsible for providing effective and efficient support to the COAG by:

- advising on strategic issues relating to the coordination of health services across the nation and, as applicable, with New Zealand; and

- operating as a national forum for planning, information sharing and innovation.

In the ACA submission, the following key points about National Law were raised:

1. Chiropractors in Australia are one of 15 nationally registered and regulated health professions in Australia under the National Scheme and are a recognised Allied Health profession.
2. The National Scheme is based on “right touch” or proportionate regulation based on three core tenets of title protection, competency and restricted acts or practice protections. The three restricted acts (dental acts s121, prescription of optical appliances s122 and spinal manipulation [HVLA] as it pertains to the cervical spine s123) as it applies across the professions through AHPRA to “*protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare.*”
3. There are only three restricted practices in the National Law, including manipulation of the cervical spine, restricted dental acts and prescription of optical appliances.
4. The emphasis of the Scheme in terms of what a registered provider can do is based on competency (suitably trained and qualified to practice s3[2a]) and was not designed to be “scope of practice” based, as is often misunderstood.
5. The current regulatory approach of the National Scheme engenders confidence as it applies across the 15 regulated professions in a uniform manner.
6. Chiropractors in Australia are educated in the Australian University system for a minimum of five years, undertaking a program of study similar to other healthcare disciplines such as physiotherapy. Approved programs of study and general registration is defined by National Law.

In our view, referral to HSPC may mean that the issue receives greater consideration of the implications raised in the review with regards to acceptable levels of harm and acceptable levels of evidence as it may then be applied in National Law and uniformly applied to all professions.

In short, the issue has not been concluded and many considerations including the behaviour of the profession in response to the review and importantly, how the regulators respond to AHMAC, will be important in determining the future. The interim restriction by the Chiropractic Board of Australia still holds.

## SOME OBSERVATIONS FROM THIS PROCESS THAT COMMENCED IN FEBRUARY 2019

- National Law should be equally applied across all health professions.
- The chiropractic profession is poorly understood, except by those who value the care provided.
- This extensive review identified very little evidence of patient harm occurring in Australia. In particular, there were no patient complaints or practitioner notifications that arose from significant harm to a child following spinal manipulation.
- This does not mean spinal manipulation in children is not associated with any risk of any adverse effects. An extensive literature review did identify transient or minor adverse events, but the prevalence was very low, albeit possibly more common in very young children.
- There are two principle reasons why the search did not find strong evidence of harm in Australia. Firstly, it is unlikely that spinal manipulation, as defined within the scope of the review, is a technique that is being routinely applied in Australia to young children or those with an immature spine. Secondly, skilled chiropractic care requires the practitioner to modify the force applied, based on the age and developmental stage of the child. This means that children, particularly very young children, under the care of an Australian chiropractor are not likely to be receiving high impact manipulations.
- The major finding of this review is that the evidence base for

spinal manipulation in children is very poor. In particular, no studies have been performed in Australia.

- Specifically, the comprehensive review of the literature failed to identify any strong evidence for the effectiveness of spinal manipulation for a variety of conditions for which children are widely offered chiropractic manipulations.
- The public responses indicated very strong consumer satisfaction. Of all respondents, 99.7% (21,750) reported a positive experience with the chiropractic care of their children. The overwhelming majority of parents/guardians reported that chiropractic spinal care helped their child, with 98% (21,474) indicating that their child improved after treatment. It was clear that parents/guardians appreciated the time that their child's chiropractor took to listen to their child's symptoms and to engage with them. A sentiment that was strongly expressed was the right of a parent/guardian to choose their child's care.
- SCV sought to make recommendations that would both respect a parent's or guardian's right to choose appropriate healthcare options for their child while ensuring that children, particularly the very young who are less able to communicate adverse effects, are safe.
- In summary, the review of the literature revealed that the potential risk of harm from spinal manipulation in children was rare and, when it did occur, was typically minor in severity. However, as reported by Cochrane, “*consistent with the findings of other systematic reviews, due to the paucity of studies and the lack of reported information on the specific treatment techniques employed, it is difficult to draw conclusions about the safety and effectiveness of spinal manipulation in children.*”

## WHAT IS THE ACA ASKING OF THE PROFESSION?

- If you are not a member then join and contribute to the future of your profession.
- Ensure that your professional behaviour, particularly with regards to advertising or claims of effectiveness of care, is in accordance with standards and guidelines. This is particularly important for general wellness and conditions as highlighted in the SCV report.
- Do not overstate the outcome of COAG and be mindful that there is more work to be done.
- Ensure you have a good understanding of the requirements of the Chiropractic Board of Australia Code of Conduct and AHPRA advertising standards.
- Ensure that you understand good record keeping and informed consent including the documentation of expressed outcome of care.
- Ensure that you understand what current best practice is with regards to care.
- Continue to act with integrity and professionalism to ensure that chiropractic care does not get consigned as low value healthcare.

## WHO ADVOCATED FOR THE PROFESSION?

As the peak body representing chiropractors, the ACA has had an active role in advocating for the profession. With a substantive submission to the SCV Review, a representative on the Review Panel, continuously meeting with Health Ministers or their advisors and keeping members and non-members informed, the ACA have led the profession throughout the process. While the outcomes of the ACA's tireless work in this issue may be enjoyed by all chiropractors, it has been funded by only half the profession who are members. There is truly strength in numbers and the only way we can continue to impact the Australian healthcare system is by supporting the membership association that creates change and action.

# Chiropractic Care for Children

Australian chiropractors are five-year university trained, and are government registered and regulated healthcare professionals. In Australia, the chiropractic profession is well established, with over 300,000 visits to chiropractors each week. Approximately 30,000 of these visits are children under the age of 18 years.

In March 2019, the Victorian Health Minister tasked Safer Care Victoria (SCV) to lead an independent review of the practice of spinal manipulation on children under 12 years. SCV wished to hear from parents of children who have accessed chiropractic care, exploring their experiences, both positive and negative.

## OF THE SUBMISSIONS FROM THE PUBLIC...



**21,824 submissions in total** – the largest of any public stakeholder engagement



**99.7%** reported a **positive experience** with chiropractic care of their children



**98%** said that chiropractic care helped their child, indicating **improvement after treatment**



**99.1%** indicated they were either **'satisfied'** or **'very satisfied'** with **information provided** by the chiropractor **about the benefits of treatment**



**95.8%** stated they were **'satisfied'** or **'very satisfied'** with the **information provided about the risk of treatment**



**68.9%** reported that they had also **consulted with a GP** about the problem

## Safety

In Australia, there has never been a serious adverse event reported in the literature or in insurance claims, involving the care of a child by a chiropractor. This is despite the fact that there have been an estimated 12-15 million visits by children to chiropractors in the last 20 years.

The evidence of harm is low because chiropractors modify their techniques to suit the age and developmental stage of the patient across the lifespan.

## EVIDENCE OF EFFECTIVENESS

SCV also performed a systematic review of the evidence of effectiveness for chiropractic care of children. High level evidence does not currently exist for many commonly used paediatric health interventions, including spinal manipulation.

The situation is different for adult care, where spinal manipulation for conditions such as low back and neck pain, rate moderate to high level evidence.

Evidence was found to be positive but inconclusive for some conditions, such as colic and bed wetting. For the other conditions – headache, asthma, otitis media, cerebral palsy, hyperactivity, and torticollis – the SCV review found there was no high level evidence that spinal manipulation was effective for children under 12 years.

SCV recommended allocation of funding for further research that may further clarify the role chiropractors have to play with paediatric healthcare.



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