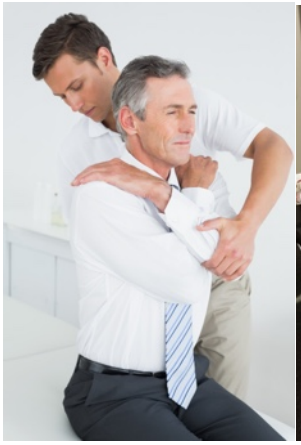
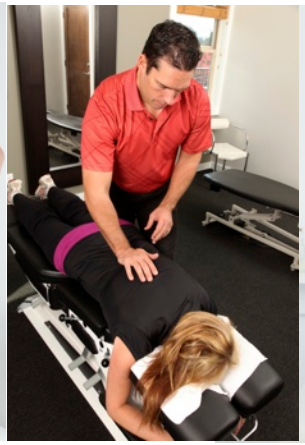
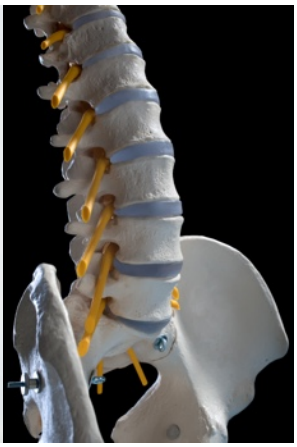
CAAQLD

Chiropractors' Association of Australia (QLD)

Submission to the Queensland Health Promotion Committee Inquiry

November 2015



About CAAQLD

The Chiropractors' Association of Australia (Queensland) Limited (CAAQLD) is the premier body representing chiropractors in Queensland, and is the only state-based representative Association for Chiropractors in Queensland.

Nationally, the Chiropractors' Association of Australia (CAA) represents approximately 3000 members and is the largest chiropractic association in Australia.

As an Association, it is CAAQLD's goal to empower Queenslanders to experience a healthier life through chiropractic care, and to uphold the highest standards of care and professionalism in research, education and practice.

About Chiropractic

Chiropractic is a 'hands on' health care discipline, which emphasises the inherent recuperative power of the body to heal itself without the use of drugs or surgery.

Chiropractors are concerned with the diagnosis, treatment and prevention of disorders of the neuromusculoskeletal system and the effects of these disorders on general health. Chiropractic focuses on manual care, including adjusting / spinal manipulation, mobilisation, soft tissue therapy and rehabilitation.

Chiropractors consider the biophysical aspects of neuromusculoskeletal pain and work collaboratively with other healthcare providers in the promotion of health and optimum neuromusculoskeletal function.

In the delivery of chiropractic care, the needs and preferences of the patient are combined with clinical experience and best evidence to develop a care plan that is unique to each person.

Chiropractic also places an emphasis on the importance of good nutrition, exercise, and mental wellbeing when making healthy lifestyle improvements.

The Establishment of a Health Promotion Commission:

The Chiropractors' Association of Australia (Queensland) Limited (CAAQLD), views the formation of a Queensland Health Promotion Commission, as being a positive and useful resource for the promotion of health and early intervention in Queensland.

It is widely understood, that education and early intervention are key factors in reducing the social and economic burdens of health challenges. The establishment of a Health Promotion Commission will serve the community and health professions by promoting intervention in an individual's health plan before conditions move to a chronic state.

In the development of a Health Promotion Commission, CAAQLD encourages the Queensland Health Promotion Committee to consider the utilisation of expertise found in registered health professions outside of the traditional medical model.

When considering the promotion of health in any form, due concern must be placed on the impact of an individuals lifestyle choices. Self responsibility and autonomy of best-practice health decisions can be promoted with educational programs that meet people on their level. This strategy should employ simple terminology, and the use of communication mediums that are popular both now and in the future.

1. That the Health and Ambulance Services Committee inquire into and report to the Legislative Assembly, by 12 May 2016, on:

(a) the potential role, scope and strategic directions of a Queensland Health Promotion Commission,

(b) the effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing, including:

(i) models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks); and

(ii) population-based strategies, other than personal interventions delivered by telephone or ICT

The Healthier Queensland Action Plan, including the establishment of a Health Promotion Commission is a positive step forward for the Queensland Government. There is a need for an educational and promotional body that can coordinate health promotion, education and strategy in what is currently a fragmented system. A more cohesive program of promotion that incorporates input and collaboration with Queensland Health, business, industry, government and other primary health providers, organisations and experts, could potentially result in a more targeted and successful use of resources and better health awareness and outcomes for the population.

There is a need for revision and assessment of current models of health promotion and education. The health environment is one of amazing information and technological advancement, however the cost of health care is increasing, and our communities are unhealthier. Government and health care providers, can not keep doing the same things and expect different results.

CAAQLD recognises that when individuals address the underlying causes of an unhealthy lifestyle, such as poor diet, lack of movement, placing responsibility for healthcare on others, and a reliance on pharmaceutical intervention; better health outcomes follow, reducing the need for expensive medical interventions.

CAAQLD also recognises that the appropriate expert is not always the primary contact point for information and advice. In order to affect change, this issue needs to be addressed and rectified.

Recommendation 1: That a Queensland Health Promotion Commission be established.

Recommendation 2: When establishing the Queensland Health Promotion Commission, consultation should be broad with input from multiple groups and registered professions outside of the traditional medical model.

Terms of Reference 2 - That, in undertaking the inquiry, the committee should consider:

(a) Approaches to addressing the social determinants of health

CAAQLD would like to see a shift away from reactive healthcare toward healthcare promotions that include a proactive, healthy lifestyle focus. Often times, as health professionals, it is most common to be treating symptoms in isolation, with resource and time constraints limiting the ability to address all that encompasses the health of the whole person. Health promotion needs to have a certain focus on self responsibility for a healthy and unhealthy lifestyle, with education being kept simple, and an emphasis on natural and conservative approaches first.

Recommendation 3: In addressing social determinants of health, the whole person needs to be considered. Self responsibility must be advocated.

Recommendation 4: Education and promotion needs to be kept simple with an emphasis on natural and conservative approaches first.

(b) Population groups disproportionately affected by chronic disease

There is a need to look outside of traditional populations in terms of the effect of chronic disease. There are emerging populations that are often overlooked when discussing, promoting and educating in relation to chronic disease.

For example, back pain is a chronic condition that is often overlooked, despite low back and neck pain being the leading cause of disability in Australia. 80% of the population are likely to experience back pain.[1] The prevalence of these conditions increases up to the age of 60, and the demand for healthcare services associated with managing them is likely to increase significantly over the next 3 decades.[2-3] There are certain population groups that are more predisposed to low back pain, such as manual workers. However, there is very little promotion with regards to prevention of back pain, or conservative modes of care that can reduce lost productivity and burden on the healthcare system caused by this chronic condition.

Younger generations, not typically noted in the context of chronic disease management also need consideration. Aside from inactivity and obesity which has gained a certain degree of promotion, there are other emerging health trends in younger populations that will lead to an increase in chronic conditions over time. For example, there is increasing evidence of chronic cervical spine degeneration in younger populations through device usage.[4] This leads to increased risk of other chronic conditions over time - early intervention is key.

Consideration needs to be given to populations outside of gender, age, ethnic and economic groups. In order to identify those factors that increase the severity of chronic conditions, forward planning is required. Resources across government like the 'Intergenerational Report' are valuable in this strategic planning.

Recommendation 5: In addition to those already identified, new population subsets need to be explored, especially in relation to emerging chronic conditions, such as back pain.

Recommendation 6: Emerging contributors to future chronic disease, such as technology use need to be identified and addressed as early intervention promotion.

(c) Economic and social benefits of strategies to improve health and wellbeing

As people are living much longer, it is essential that the quality and length of the productive lifespan be increased. Otherwise, there is the risk of placing an unsustainable burden on the country. An increase in the aged population, equates with a massive increase in health spending, without having enough people working to support the system. The healthier someone is, the more productive they are for longer.

There are many under-utilised health practitioners, such as chiropractors, and private health programs that have research and evidence to demonstrate the cost savings they can bring to healthcare. There are alternate treatments available, such as chiropractic, that are conservative, safe, effective, attract high levels of patient satisfaction, have proven earlier returns to work, better healing time frames and cost the health system, less.[5-8] It is our belief that the Health Promotion Commission should utilise these practitioners when framing relevant health promotion.

For example, back pain costs the Australian workforce more than $8 BILLION per year.[9] Chiropractic Care has been proven to reduce hospital admissions, reduce days spent in hospital, reduce outpatient procedures and reduce pharmaceutical costs, yet only 10% of back pain sufferers have visited an allied health provider[10] and very little promotion exists outside of the professions themselves.

Recommendation 7: Health Promotion needs to focus on keeping people healthier longer, not just on managing existing disease.

Recommendation 8: Health practitioners and programs that have been under utilised in the past need to be harnessed to help bring extra expertise, ideas and suggestions to the promotion of health.

(d) Emerging approaches and strategies that show significant potential

There is a need to communicate and promote to the public in new and creative ways. Matters of health can be confusing due to the volume of conflicting information available in the public domain.

Simple language without dumbing down the message needs to be utilised. The best method of connecting with target audiences needs to be ascertained. A one size fits all mentality will not produce effective results and change. Consultation with professional Associations and consumer groups should be considered.

It is the experience of many of our practitioners that apps, text services (health reminders, etc), interactive websites, YouTube channels with 'How to' health videos, real life TV shows tracking chronic health conditions like the UKs '7-Up series' (https://en.wikipedia.org/wiki/Up_Series) are successful methods of reaching a large portion of the population. Most consumers now want and expect information at the click of a button, or the touch of a phone screen.

(e) Ways of partnering across government with industry and community including collaborative funding, evaluation and research

There is often a reticence within the health arena to collaborate and accept the expertise of other medical professions. If the health of Queenslanders is to be improved by stopping or managing health problems before they require more expensive medical intervention, a wider representation of health professions and groups need to be included in the collaborative process.

As a professional member association, CAAQLD is always looking for avenues to collaborate with other health practitioners for the promotion of health. We want to see healthier Queenslanders. We have resources, information and expertise that can be utilised in the development of promotional programs, events, and literature. In many cases it will be as simple as approaching groups such as CAAQLD and asking for their assistance. Associations are an under utilised resource.

Recommendation 9: Utilise the resource of professional Associations, such as CAAQLD, through consultation, free flow of ideas and information.

Recommendation 10: Create an inclusive and collaborative framework in the establishment of the health promotion commission.

(f) Ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors

As discussed previously, the commission should be collaborative and inclusive. This will reduce the sense of fragmentation if all stakeholders are included. The Health Promotion Commission should have this as a main, central tenant and have a requirement that there is a member from each registered health profession present on the commission. i.e. Chiropractor, Physiotherapist, Dentist, GP, etc. as well as business and consumer representatives.

Respect for experience and qualifications needs to be coupled with a focus on the result you are aiming to achieve - better health for Queenslanders.

Recommendation 11: That there is a member from each registered health profession present on the commission. i.e. Chiropractor, Physiotherapist, Dentist, GP, etc. as well as business and consumer representatives.

Conclusion:

CAAQLD welcomes the formation of a Health Promotion Commission as being a positive and useful resource for the promotion of health and early intervention in Queensland.

In the development of a Health Promotion Commission, CAAQLD encourages the Queensland Health Promotion Committee to:

(a) Consider the utilisation of expertise outside of the traditional medical model. Gain advice from the appropriate expert.

(b) Consider the promotion of chronic conditions that have garnered little promotion to date, such as back pain.

(c) Use simple terminology, and communication mediums that are popular and specific to the target population.

(d) Advocate self responsibility, and natural and conservative approaches first.

(e) Base promotion and education on accepted best practice.

(f) Be inclusive of all stakeholders be they consumers, health practitioners or business.

CAAQLD would welcome the opportunity to partner with the Health Promotion Commission to work towards a healthier Queensland.

Recommendations:

Recommendation 1: That a Queensland Health Promotion Commission be established.

Recommendation 2: When establishing the Queensland Health Promotion Commission, consultation should be broad with input from multiple groups and registered professions outside of the traditional medical model.

Recommendation 3: In addressing social determinants of health, the whole person needs to be considered. Self responsibility must be advocated.

Recommendation 4: Education and promotion needs to be kept simple with an emphasis on natural and conservative approaches first.

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References

[1] Palmer KT, Walsh K, et a. Back Pain in Britain: Comparison of Two Prevalence Surveys at an Interval of 10 Years. BMJ 2000

[2] Global Burden of Disease 2013, Institute for Health Metrics and Evaluation. www.healthdata.org/australia

[3] Hoy, D., March, L. et al. (2014) The Global Burden of Low Back Pain: Estimates from the Global Burden of Disease 2010 Study. Ann Rheum Dis 2014;73:968-974

[4] Hansraj KK. Assessment of Stresses in the Cervical Spine Caused by Posture and Position of the Head. Surgical Technology International. 2014 Nov;25:277-9.

[5] Manga P, and Associates. The Effectiveness and Cost Effectiveness of Chiropractic Management of Low-Back Pain (The Manga Report). (1993) - University of Ottawa, Canada.

[6] Gaumer G, Phd. Factors Associated with Patient Satisfaction with Chiropractic Care: Survey and Review of the Literature. Journal of Manipulative Physiol Ther. 2006 July-Aug;29(6):455.

[7] Dinman BD. The Reality of Acceptance of Risk. Journal of the American Medical Association 1980; 244(11): 1226-1229

[8] The Alternative Medicine Integration Study. Journal of Manipulative and Physiological Therapeutics, May 2007.

[9] Walker BF, Muller R, Grant WD, Low Back Pain in Australian Adults: the Economic Burden. Asia Pac Journal Public Health. 2003;15(2):79-87.

[10] Dept of Health Stats Div. The Prevalence of Back Pain in Great Britain in 1998. London: Government Statistical Service, 1999

Chiropractic care is cost effective and has significant clinical outcomes

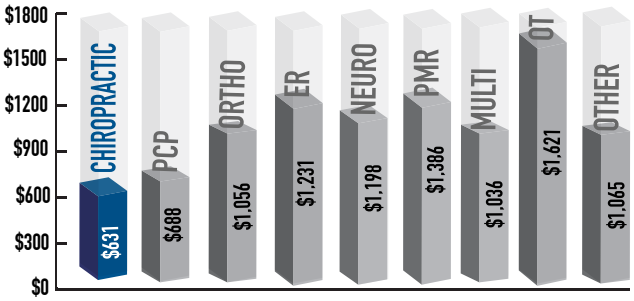
Chiropractic care shown to significantly reduce costs

$6,983.82
Chiropractic Management
versus
$28,231.50
Complex Medical Management

The Alternative Medicine Integration Study (2007) showed - Chiropractic care patients demonstrated:

- 60% decrease in in-hospital admission
- 59% decrease of days in hospital
- 62% decrease in outpatient surgeries & procedures
- 85% decrease in pharmaceutical costs

Risk Adjusted Total Episode Cost By Entry Point



Chiropractic care shown to be significantly more effective

83% of chiro pts satisfed or v. satisfied

Pain 4 x better by adding chiro care

28 x less likely to have spine surgery

A quick snapshot

- A patient receiving chiropractic care experiences reduced hospital admissions, surgeries and pharmaceutical costs.
- Chiropractic care could reduce Medicare costs-both payment for all services and average per claim payments.
- Chiropractic students are better prepared to address musculoskeletal issues than medical students and GP's.
- Studies indicate that greater coverage for chiropractic care, despite increased visits to a chiropractor, result in significant net savings in both indirect and direct costs.
- Chiropractic patients typically pay less and are more satisfied with care than GP patients.

"My research, conducted over a ten-year period utilising clinical and cost outcomes data from one of the nations largest insurance underwriters, suggests that the regular utilisation of chiropractic could reduce the need for hospitalisation, pharmaceutical usage and overall global health care costs by almost 50%."
- Richard I. Sarnat M.D., President of Alternative Medicine Integration (AMI)

References:
1 -Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study. Goertz CM, Long CR, Hondras MA, Petri R, Delgado R, Lawrence DJ, Owens EF, Meeker WC. Spine (Phila Pa 1976). 2013 Apr 15;38(8):627-34.
2 - Spinal manipulation epidemiology: systematic review of cost effectiveness studies. Michaleff ZA, Lin CW, Maher CG, van Tulder MW. J Electromyogr Kinesiol. 2012;22(5):655-62.
3 - Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey. Allen H, Wright M, Craig T, Mardekian J, Cheung R, Sanchez R, et al. J Occup Environ Med. 2014;56(6):604-20.
4 - Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State. Keeney BJ, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM. Spine (Phila Pa 1976). 2013;38(11):953-64.
5 - Value of chiropractic services at an on-site health center. Krause CA, Kaspin L, Gorman KM, Miller RM. J Occup Environ Med 2012;54(8):917-21
6 - Factors associated with patient satisfaction with chiropractic care: survey and review of the literature. Gaumer G. J Manipulative Physiol Ther. 2006;29(6):455-62.
7 - The Alternative Medicine Integration Study. Journal of Manipulative and Physiological Therapeutics, May 2007. Study results available at: www.jmptonline.org/article/S0161-4754(07)00076-0/abstract.
8 - Enhanced Chiropractic Coverage Under OHIP (Ontario Health Insurance Plan) as a Means for Reducing Health Care Costs, Attaining Better Health Outcomes, and Achieving Equitable Access To Health Services. Manga, Pran. Report to the Ontario Ministry of Health, 1998.
9 - Utilization, Cost, and Effects Of Chiropractic Care On Medicare Program Costs. Muse and Associates. American Chiropractic Association 2001.

CAAQLD
Chiropractors' Association of Australia (QLD)
www.caaq.com.au

Appendix

There is a large volume of research available to support the efficacy and safety of chiropractic, the cost savings and reduction in utilisation of other medical and hospital based services, and the high level of patient satisfaction for those receiving chiropractic care. Below we have provided a summary of some research. Further research can be obtained by contacting the CAAQLD office.

Efficacy

1. .Adding Chiropractic Manipulative Therapy to Standard Medical Care for Patients with Acute Low Back Pain: Results of a Pragmatic Randomised Comparative Effectiveness Study. Goertz C.M, Long C.R, Hondras M.A, Petri R, Delgado R, Lawrence D.J, Owens E.F, Meeker W.C. Spine (Phila Pa 1976). 2013 Apr 15; 38(8): 627-34.

Study of health outcomes of active duty military personnel, aged 18-35 with acute low back pain of less than 4 weeks.

- Collaboration of Medical and Chiropractic Care offered a significant advantage for decreasing pain intensity, and improving physical function, as well as for satisfaction and perceived improvement as compared with those receiving medical care alone.
- 73% rated pain as completely gone in collaborative group, much better or moderately better, as compared with only 17% in medical only group.
- Average satisfaction, using scale of 0-10, with 10 being high satisfaction, saw a mean score of 8.9 for collaborative group both at weeks 2 and 4; as opposed to a mean score in the medical group being 4.5 at week 2 and 5.4 at week 4.

2. Comparison of Spinal Manipulation Methods and Usual Medical Care for Acute and Subacute Low Back Pain: A Randomised Clinical Trial. Schneider M, Haas M, Glick R, Stevans J,Landsittel D. Spine (Phila Pa 1976). 2015; 40(4): 209-217

This study found that Chiropractic manipulation is effective in short term treatment of acute and subacute low back pain:

- Can provide greater reductions in self reported disability and pain compared with usual medical care.
- Significantly more patients in manual manipulation group achieved moderate or substantial reductions in disability and pain scores compared to usual medical care.

3. Changes in H-reflex and V-waves Following Spinal Manipulation. Niazi I.K, Turker K.S, Flavel S,Kinget M, Duehr J, Haavik H. Experimental Brain Research. 2015; 233(4): 1165-73

This research found that chiropractic adjustments prevent fatigue and increase muscle strength.

4. Spinal Manipulation, Medication, or Home Exercise with Advice for Acute and Subacute Neck Pain: A Randomised Trial. Bronfort G, Evans R, Anderson A.V, Svendsen K.H, Bracha Y, Grimm R.H. Ann Inter Med. 2012 Jan 3; 156(1 Pt 1): 1-10.

This study found that chiropractic more effective than medication for adults with acute and subacute neck pain.

Safety

1. The Reality of the Acceptance of Risk. Dinman B.D. Journal of the American Medical Association. 1980; 244 (11): 1226-122

The risk of harm from chiropractic care is so exceedingly rare when compared with accepted medical care for the same condition.

Chiropractic should be the first line recommended treatment on the basis of both safety and effectiveness.

2. Risk of Traumatic Injury Associated with Chiropractic Spinal Manipulation in Medicare Part B beneficiaries Aged 66 to 99 Years. Whedon J.M, Mckenzie T.A, Phillips R.B, Lurie J.D. Spine (Phila PA 1976). 2015; 40(4): 264-70.

Research found that Seniors have a lower risk of injury following chiropractic visit than a medical visit.

- Among Medicare beneficiaries aged 66 to 99 years with an office visit for a neuromusculoskeletal problem, risk of injury to the head, neck, or trunk within 7 days was 76% lower among subjects with a chiropractic office visit than among those who saw a primary care physician (GP).
- The cumulative probability of injury in the chiropractic group was 40 injury incidents per 100 000 subjects compared with 153 incidents per 100 000 subjects in the primary care group.

3. Adverse Events Due to Chiropractic and Other Manual Therapies for Infants and Children: A Review of the Literature. Todd A.J, Carroll M.T, Robinson A, Mitchell E.K.L. Journal of Manipulative & Physiological Therapeutics. 29 October 2014. http://dx.doi.org/10.1016/j.jmpt.2014.09.008

A review of the literature for cases of adverse events in infants and children treated by chiropractors and other manual therapists.

- no deaths associated with chiropractic care.
- very small number of reported injuries, the majority of these had underlying preexisting pathology identified.

4. Chiropractic Care and the Risk of Vertebrobasilar Stroke: Results of a Case-Control Study in U.S. Commercial and Medicare Advantage Populations. Kosloff T.M, Elton D, Tao J, Bannister W.M. Chiropractic and Manual Therapies. 2015; 23: 19.

A large independent study using a database of approximately 39 million members in the U.S.

- No causal relationship between chiropractic cervical manipulation and vertebrobasilar artery (VBA) stroke.
- No excess risk of VBA stroke associated with chiropractic care compared to primary care.

Cost Savings

1. First Contact Care With a Medical vs Chiropractic Provider After Consultation With a Swiss Telemedicine Provider: Comparison of Outcomes, Patient Satisfaction, and Health Care Costs in Spinal, Hip and Shoulder Pain Patients. Houweling T.A.W, Braga A.V, Hausheer T, Vogelsang M, Peterson C, Humphreys B.K. Journal of Manipulative and Physiological Therapeutics. 2015; 38(7): 447-83.

Overall health costs considerably lower for patients who initiated care with a chiropractor as compared with those who initiated care with a Medical Doctor.

Patients initially consulting chiropractor had greater levels of satisfaction with care by comparison.

2. Enhanced Chiropractic Coverage Under OHIP (Ontario Health Insurance Plan) as a Means for Reducing Healthcare Costs, Attaining Better Health Outcomes, and Achieving Equitable Access to Health Services. Manga, P. Report to the Ontario Ministry of Health, 1998.

Study revealed lack of coverage under OHIP was a deterrant to the utilisation of chiropractic care. Concluded that greater coverage under OHIP would result in greater chiropractic utilisation.

Study showed that despite increased visits to chiropractors if greater coverage was provided, a net savings of both direct and indirect costs would be experienced. Estimated direct savings to the Ontario Health Care System would range between $380-770 million.

3. Spinal Manipulation Epidemiology: Systematic Review of Cost Effectiveness Studies. Michaleff Z.A, Lin C.W, Maher C.G. van Tulder M.W. Journal Electromyography and Kinesiology. 2012;22(5):655-62.

Concluded that Spinal Manipulation is a cost-effective treatment to manage neck and back pain, both when used alone or in combination with other techniques compared to GP care, exercise and physiotherapy.

4. Cost of Care for Common Back Pain Conditions Initiated with Chiropractic Doctor vs. Medical Doctor / Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer. Liliedahl R.L, Finch M.D, Axene D.V, Goertz C.M. Journal of Manipulative and Physiological Therapeutics. 2010;33(9): 640-43.

Paid costs for episodes of care initiated with a Chiropractor were almost 40% less than episodes with a Medical Doctor.

Even after risk adjusting each patient's cost, episodes of care initiated with a DC were 20% less expensive that those initiated with a Medical Doctor.

Reduction of Utilisation of other Health Services

1. The Alternative Medicine Integration Study. Journal of Manipulative and Physiological Therapeutics, May 2007.

Patients receiving chiropractic care demonstrated:

- 85% decrease in pharmaceutical costs
- 60% decrease in in-hospital admissions
- 62% decrease in outpatient surgeries and procedures
- 59% decrease in hospital days

2. Early Predicators of Lumbar Spine Surgery after Occupational Back Injury: Results from a Prospective Study of Workers in Washington State. Keeney B.J, Fulton-Kehoe D, Turner J.A, Wickizer T.M, Chan K.C, Franklin G.M. Spine (Phila PA 1976). 2013;38(11):953-64.

After the incidence of back injury, those workers who visited a chiropractor first had significantly lower odds of surgery:

•Workers with first visit to surgeon had almost 9 times the odds of receiving lumbar spine surgery.

•Approximately 43% of workers who saw a surgeon first had surgery within 3 years, whereas only 1.5% had surgery in the same time period having seen a chiropractor first.

3.Clinical and Cost Outcomes of an Integrative Medicine IPA. Sarnat R, Winterstein J. Journal of Manipulative and Physiological Therapeutics 2004; 27: 336-347.

After a 4 year study, in which a HMO (Health Maintenance Organisation) utilised Chiropractors in a primary care provider role, an integrative medical approach resulted in lower patient costs and improved clinical outcomes for patients:

Patients who saw chiropractors as their primary care provider had:

- 43% decrease in hospital admissions
- 52% reductions in pharmaceutical costs
- 43% fewer outpatient surgeries and procedures

Patient Satisfaction

1. Consumer Characteristics and Perceptions of Chiropractic and Chiropractic Services in Australia: Results from a Cross-Sectional Survey. Brown B.T, Bonello R, Fernandez-Caamano R, Eaton S, Graham P.L, Green H. Journal of Manipulative and Physiological Therapeutics 2014; 37(4); 219-229.

97.5% of respondents would seek chiropractic services again and were satisfied with the service received.

2. Patient Satisfaction with Chiropractic Physicians in an Independent Physicians Association. Gemmell, H.A, Hayes B.M. Journal of Manipulative and Physiological Therapeutics 2001; 24(9); 556-559.

Chiropractic Care received Excellent remarks with overall patient satisfaction 83%.

3. Factors Associated with Patient Satisfaction with Chiropractic Care: Survey and Review of the Literature. Gaumer G. Journal of Manipulative Physiological Therapeutics. 2006; 29(6): 455-62.

Overall Satisfaction among people using chiropractic is very high:

- Approximately 83% of patients were very satisfied, or satisfied with their Chiropractic care.
- Chiropractic Patients find that appointments are prompt, waits are not too long, phone access is good and that chiropractors communicate well.

Contact Details

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