

Editorial:

Does chiropractic branding reflect current chiropractic practice?

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Welcome to Volume 49 of the new look Chiropractic Journal of Australia. As I ponder the start of 2022, I find myself reflecting upon a chiropractic career, that has spanned 35 years. Within this retrospective journey, my thoughts have travelled to where it all began; in 1986, when I had completed my studies at the Sydney College of Chiropractic (now Macquarie University) and was eager to start a Christmas locum for one of the three associateship positions I had acquired.

During my reflection of youth and opportunity, it occurred to me just how different the three positions were in terms of their patient populations and associated presenting conditions.

The first practice was predominantly a sports injury management practice, which saw many of athletes and acutely injured “weekend warriors” presenting with spine and or extremity injuries.

The second practice was located in a medical centre that focused on workers’ compensation claims. There, the principal chiropractor was dual qualified as both a chiropractor and an occupational therapist. Due to the dual role, management included many post-surgical finger/hand/arm complaints including amputations and peripheral nerve injuries whilst the workers’ compensations patients were typically chronic neck and back pain patients often with radiculopathy. As such, the atypical presentations at this practice required a very different management approach.

The third practice was in a general chiropractic practice, seeing predominantly office workers who had subacute and chronic back, neck and headache complaints.

Based on just these three examples, it occurred to me that an outside observer might wonder what the “real” chiropractic is? Is there only one kind? If I borrow from the infamous Slim Shady tune, “will the real chiropractic please stand up?”

My early career recollections then progressed to the marketing of the profession—during these past 35 years, which has undoubtedly helped define the profession to this day.[1,2] Considering the current branding of the chiropractic profession, I dabbled with the idea of identity and how the profession seems to have ongoing issues with it.[3,4,5]

Perhaps identity and branding are related issues? In order to have a better sense of self, or identity, we first must clarify the characteristics of the modern chiropractic profile, and then present this to others. These characteristics may include key parts of the chiropractic profile that appear to have currently been overlooked; specifically, what are the standards for post professional education, who are the various special interest groups, what populations do they see, what management approaches do they use and what simple structure could we use to describe all of this. However, instead of focusing on messaging of each of these complex individual issues, which would be impossible to deliver quickly,

perhaps we should focus on: a basic structure of the educational standards, the required levels of pre (general chiropractic) and post professional (special interest chiropractic), evidence informed care, multimodal management strategies based on populations being served, whilst providing quality evidence-informed inclusive healthcare to the public. This messaging conveys concepts and standards rather than individual goals.

Together these will form a modern description of who we are and what we do. It is broad in scope and describes management and populations served. Importantly, this messaging is easier to communicate to the public as it is being used elsewhere in the healthcare professions.[6,7]

The messaging that chiropractors are the spine specialists that deliver expert level spinal manipulative therapy or adjustments are important, but limited messages. Nomenclature aside, it seems to me that such messaging did not explain what I was doing in 1986, let alone what might be occurring in the profession in 2022.

Let us look back at the two key messages. One, we are spine focused and two, we are experts in spinal manipulative therapy (or adjustments). Whilst this branding may describe some or even most chiropractors, I believe it does not encapsulate most chiropractors accurately as they are skilled in much more than these two distinct areas. Have we as a profession inadvertently driven the public to think of us as limited spine only, manipulation only practitioners; and does that best describe us in 2022? Could the difference in that perception and what we actually do be key in driving some of the identity issues of various groups in the profession? Thoughts to ponder.

In 2022, the impact of evidence in chiropractic practice is everywhere.[8] There is evidence that chiropractors are increasingly multimodal in their approach to management,[9,10, 11,12] yet this evolution in practice does not seem to be reflected in much of our current branding. What is also not being portrayed are the various populations that we service, or that we utilise evidence-based practice, drawing from both active and passive approaches to care?

The profession appears to be implementing these changes.[13] So, it seems that the relative percentage of practitioners that still solely practice unimodal spine focused manipulation-based traditional chiropractic is possibly less than what it once was.

Then there is the concept of the general chiropractor and the special interest chiropractor.

Another detail to consider is whether our branding reflects the emergent clinical practice groups that focus on management of particular populations within the general population. For example, does our messaging acknowledge specialist sports, rehabilitation, geriatric, paediatric, and other forms of chiropractic practitioner? For example, does our messaging convey information that chiropractors have scope within their skill repertoire

for managing a geriatric patient that includes low force techniques and active strategies, including falls prevention? This seems to be important information that is not being readily communicated to the public via our branding, which may contribute to a narrowed perception of the chiropractic profession.

To clarify these issues, I suggest that we emphasise that new graduates become general chiropractors that can service the patients across the life span, and can become specialist practitioners with continued post professional education.

I recently published an opinion piece describing structural changes that would help achieve the above[6] but here I am suggesting that the educational changes that may be occurring must be reflected in our branding as well. This is a completely different and important arm to improving understanding of the chiropractic profession.

In order to communicate the scope within the profession, as well as the diversity of approaches within the profession, branding must cover these important issues. My question to you, is this occurring? Do we have a framework to explain who we are, what we do and to whom?

I believe chiropractic has been very successful in its primary messaging that we are spine focused, that we focus on the neuromusculoskeletal system and that we are expert in delivering manipulative therapy. However, I do not feel that we have been effective in communicating much else. Perhaps it is time for all parts of the profession to develop a consensus process to revisit our branding in order to present a more modern description of the chiropractor.

As previously highlighted, the flipside of the image of spine focused manipulation from the perspective of others, may be that chiropractic is too focused and potentially unable to provide a broad scope in terms of conditions seen and treatments rendered? I certainly have experienced this in terms of my sports practice and I have spoken to many other practitioners who have had similar experiences. So, the question becomes, how do we address this?

It is certainly apparent to me that the expectation from the public, health professionals and regulators is that we are a limited profession.[14,15] A major problem with this expectation is the lack of belief and trust of chiropractors to manage conditions beyond the scope of the spine and this has large implications for those in special interest areas in chiropractic.

Managing different populations requires a variety of working evidence based assessments and management approaches.[16] For example, managing developmental issues in children or concussion or acute ligamentous injuries in athletes all require very

different treatment protocols to that of spinal manipulation and chiropractors can do that. However, is this a prevailing viewpoint?

In editing manuscripts here at the CJA in recent weeks I have been involved with several manuscripts that will describe special interest areas of chiropractic. You can look forward to seeing them published in the CJA in coming months.

Many chiropractors provide treatments based on best practice, however, they are not recognized for doing so. This is a problem for the profession. Describing scope in a peer reviewed publication is an important step in developing evidence, but that evidence has to then be communicated to the public. The CJA aims to be at the forefront of assisting chiropractors to document their scope of practice. However, a broader call to action is required to develop modern branding and communication programs. It is particularly problematic as the expectation of some within the public, health authorities and regulators are that we do not have a broad scope. It is my opinion that that is largely an issue for the profession to resolve through better communication and marketing of what we do. This is a multifactorial issue that requires educational standards, recognition advanced learning and credentialing, as well as communication of that through research, branding and marketing.

Additionally, the Australian Institute of Chiropractic Education (AICE) has set standards for the recognition of postgraduate learning in special interest areas of chiropractic in Australia.[17] Part of that recognition requires manuscripts to describe that scope. Hopefully in time, the combined approach will provide enough quality evidence to support a rebrand that better represents the scope and diversity of the modern practitioner, and novel evidence-based assessment and management approaches that reflect current chiropractic practice. Such branding will build expectation of competency by the public that is modern, evidence informed and achievable; competencies that can be met by the professional educators. All we need now is some thinking on the branding process and how that might be achieved.

Welcome to 2022.

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