

Editor's Note: Introduction to Volume 48

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A new direction for the Chiropractic Journal of Australia

On behalf of the Australian Chiropractic Association (ACA) and the Australasian Institute of Chiropractic Education (AICE), I am inviting you to connect and follow the Chiropractic Journal of Australia (CJA) on a journey of transformation. The CJA will be changing its look and approach to improve on its intent to allow it to match the performance of the very best journals. In pursuing this goal, it will seek to promote the best clinical evidence into chiropractic practice. I would ask you to join this journey and help our team achieve this lofty goal.

Change in healthcare is everywhere, ongoing and accelerating. There are many reasons for this change but foremost amongst them is the translation of evidence into practice.

As editor, it occurs to me that evidence informed practice comes from many different forms of evidence from many different professional bodies. Traditional unimodal treatment strategies are evolving into the multimodal and these strategies may look very different to traditional approaches in chiropractic. These clinical approaches are often ahead of the larger research trials which may be considered lagging indicators of clinical innovation occurring in the field.

Sackett (1998) originally described evidence-based practice (EBP) as reflecting the three tenets of: research, practitioner experience and patient preferences. Researchers rightly and quickly embraced the production of research by embracing the randomised controlled trial and larger cohort and population studies. However, the pursuit of research with larger and more complicated research designs occurred with a vigour perhaps not matched by the application of equal vigour in the pursuit of research underpinning the practitioner experience and patient perspective. Additionally, the larger studies were slow to perform, expensive to create and were often very technical in their reporting. They tended to suit some modes of healthcare but often did not serve primary care or manual therapies well. Based on my experience, I suggest that at the intersection of these pursuits and their reporting may have been associated with a disconnect between the clinician and the researcher resulting in reduced translation of research by some.

I believe that this disconnect may be helped in some part by a more clinically focussed and relevant journal. A journal that focuses on the years of collective clinical experience lived by practitioners and is presented in ways that are more appealing for clinicians to read.

This journal will henceforth assist the translation of knowledge into clinical practice using a variety of clinical formats adopted from various high impact journals. **It will be the primary goal of this journal to focus on the promotion of the clinical practice of chiropractic through the documentation and dissemination of various clinical reports, clinical cohorts, and clinical research.** It will aim to present modern approaches to chiropractic

care highlighting the latest diagnostic, assessment, and treatment approaches and how they affect patient outcomes.

Thus, the CJA will be a journal with a strong clinical focus for clinicians. It is hoped that you, the clinician, will enjoy the greater clinical focus and read and disseminate these works freely using the open access and social media connections. The ACA and the CJA has maximised this potential by providing a no fee publication service model to assist the process of documenting chiropractic practice.

Key to these goals is the importance of pursuing the highest academic rigour. It is important to note that all categories of manuscripts submitted to CJA will undergo the customary blinded peer review.

As a part of the new look at the CJA we will be updating the editorial board. In the past 20 years, many Australian chiropractors have completed research degrees. I hope to highlight these practitioners and their work by inviting them to be a part of the CJA. The editorial focus will be on chiropractors trained in research as well as those with high levels of clinical acumen. As editor, it will be my goal to partner with academic chiropractors to assist in the two-way dissemination of knowledge via the CJA.

It is hoped that the cases reported in the CJA will become part of the teaching content for Australian academics thus assisting the translation of knowledge to the student population via publications and then to the profession by reports written by students partnering with academic mentors.

Additionally, for the first time, the CJA will develop section sub editors covering various developing special interest areas in the profession. These areas will support the standards being established by the AICE. AICE has been created to establish recognition of advanced learning pathways in chiropractic in several key areas of chiropractic practice. These key areas have been determined by AICE to be important sub populations of patients presenting to chiropractors. The populations areas include but are not limited to: Sport and Exercise, Neurorehabilitation, Paediatrics, Wellbeing and Lifestyle Management, Pain, Workplace and Occupational Health, Geriatrics, Women's Health and Rural, Regional, Remote Health (including Indigenous Health).

Part of the AICE requirement to attain recognition in one of the special interest areas will be to publish research or a case report focussing on the management of a patient within that focus area. This publication requirement will provide timely evidence of scope for the profession. Additionally, these smaller studies will assist in the design of later larger clinical studies.

The chiropractic profession has a duty of care to its patients like all other healthcare professions to deliver evidence informed care to its patient base. As editor, it is my belief that this duty of care extends to the CJA to help provide evidence of scope and outcome for the profession through the care provided to the public.

Join with us at the CJA as we move into this exciting new phase of the journal. Also, please join with me in thanking our past editors including the immediate past editors: Dr Dana Lawrence and Dr Anthony Rosner and their editorial teams for their fine service to date. I would also like to thank the ACA for their support of the journal and in particular the provision of staff, especially Ms Glynis Grace, who greatly assists in the day to day running of the journal.

It is hoped that these changes will engage more readers with quality, timely and relevant content that is interesting to clinicians. I thank you for your past scholarship and readership and look forward to bringing you a clinical experience that will be both interesting and relevant to the modern chiropractor.

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