

## Chapter 2: Legal Authorities, Definitions, Responsibilities

### Introduction

Chiropractic is a very specific health care science applied by doctors of chiropractic who practice under an extensive body of authorities. These authorities have evolved over more than a century of legislative and judicial development, educational growth, practical experience and professional consensus. Like other first professional degree holders, the doctor of chiropractic is a carefully regulated professional who must qualify on a number of levels to obtain the right to practice.

This chapter outlines the exact nature of the authorities under which contemporary doctors of chiropractic practice and sets out those basic definitions that explain and delineate the essential elements of chiropractic science and its practice.

Chiropractic science is an approach to human health that was developed through extensive anatomical study in which the elements of the human system, particularly the spine and nervous system continue to be examined in an effort to understand the relationship between the state of those anatomical elements and optimal human health.

The basic premise of chiropractic science is that abnormalities and misalignments of the spine, defined as subluxation(s) in chiropractic science, can and do distort and interrupt the normal function of the nervous system and may create serious negative health consequences. The correction and/or reduction of subluxation(s) through the adjustment of spinal structures can remove nervous system interference and restore the optimal function of the body. Essential to basic chiropractic theory is the concept of the inherent ability of the human body to effectively heal itself, comprehend the environment and function in a normal manner. This concept is important since chiropractic perceives spinal subluxation(s) as barriers to normal function and obstacles to the body's innate intelligence.

Chiropractic has enjoyed over a century of lively and serious scientific and conceptual debate. The chiropractic profession has benefited enormously from this on-going self-examination and reality testing based on the scientific and research record. The outcome of those years of critical evaluation and debate, which remain on-going, has been a strong consensus regarding the nature of chiropractic science and practice and the key definitions that set chiropractic apart as a distinct, unique health care science and practice. This consensus is best depicted by the unanimous adoption of a paradigm statement by the Association of Chiropractic Colleges, International Chiropractors Association, American Chiropractic Association, Federation of Chiropractic Licensing Boards, Council on Chiropractic Education, the National Board of Chiropractic Examiners and the Congress of Chiropractic State Associations. This paradigm statement reads as follows:

*Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery. The practice of chiropractic focuses on the relationship between the structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.*

ACC Position Statement on Chiropractic

### The Chiropractic Paradigm

The **purpose** of chiropractic is to optimize health. The **principle** of chiropractic is the body's innate recuperative power is affected by and integrated through the nervous

system. The practice of chiropractic includes: (1) establishing a diagnosis; (2) facilitating neurological and biomechanical integrity through appropriate chiropractic case management; and (3) promoting health.

The **foundation** of chiropractic includes philosophy, science, art, knowledge, and clinical experience. The **impacts** of the chiropractic paradigm directly influences the following: (1) education; (2) research; (3) health care policy and leadership; (4) relationships with other health care providers; (5) professional stature; (6) public awareness and perceptions; and (7) patient health through quality care.

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the **subluxation**, which was redefined in the ICA Constitution in 2006 as: A subluxation is any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances. A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.

### Chiropractic Education

To obtain a license to practice chiropractic in any of the 50 states requires the degree of doctor of chiropractic from an accredited chiropractic educational institution or program. Chiropractic educational standards are strict and demanding, requiring study in the basic sciences comparable to medical, dental and osteopathic curricula. This education consists of four or more years of full-time, in-residence study is required in human anatomy, physiology, biomechanics, chiropractic diagnosis/analysis, adjustive techniques, public health issues and chiropractic philosophy. Chiropractic college students must complete a rigorous and uniquely specialized program of classroom and practical training that includes more than 2,000 hours of study of the anatomy, dynamics and biomechanics of the human spine and the nature and components of the spinal subluxation complex. No other health care professional devotes this level of serious scientific study to the human spine. A detailed examination of the curricula offered by federally accredited chiropractic institutions illustrates the uniqueness of chiropractic and the highly specialized nature of chiropractic professional education.

Chiropractic students are thoroughly trained in the appropriate use of sophisticated diagnostic technology including imaging procedures such as x-ray, thermography, video-fluoroscopy, magnetic resonance imaging and other state-of-the-art investigative technologies and procedures. The capacity to evaluate the health care needs of the chiropractic patient, including appropriate referrals to other health professionals when necessary, is an important objective of chiropractic education. Chiropractic education is designed not only to impart scientific knowledge, but to develop clinical skills and proficiencies that “represent those minimal skills a candidate should demonstrate when presenting for licensure after completing the educational program.” These areas of clinical competency include the taking of patient histories, physical examinations, imaging studies, chiropractic analysis/diagnosis or clinical impressions, referral, care plans, spinal adjusting, case follow-up, record keeping and others.

Nearly 14,000 students attend the 16 chiropractic colleges accredited by the Commission on Accreditation of the Council on Chiropractic Education (CCE), according to 1999 data. The Commission on Accreditation is recognized by the U.S. Department of Education. The standards adopted by the Council on Chiropractic Education, “indicate the minimum education expected to be received in the accredited institutions that train students as chiropractic primary health care providers.” CCE standards were developed to reflect the needs of chiropractic professional education and as a measure of the quality of programs offered by chiropractic teaching institutions. Chiropractic education, even prior to the existence of the CCE, offered professional instruction sufficient to meet the requirements for licensure in the various states. The forward to the “Standards for Chiropractic Institutions” of the CCE defines the role of a doctor of chiropractic and his/her professional education as follows:

*“A Doctor of Chiropractic is a physician whose purpose is to help meet the health needs of the public as a member of the healing arts. He/she gives particular attention to the relationship of the structural and neurological aspects of the body and is educated in the basic and clinical sciences as well as in related health subjects. Chiropractic science concerns itself with the relationship between structure (primarily the spine), and function*

*(primarily coordinated by the nervous system), of the human body as that relationship may affect the restoration and preservation of health.” “The purpose of his/her professional education is to prepare the doctor of chiropractic as a primary health care provider; to provide the students with a base of knowledge sufficient for the performance of his or her professional obligations as a doctor of chiropractic. As a portal of entry to the health delivery system, the doctor of chiropractic must be well educated to diagnose for chiropractic care, to provide chiropractic care, and to consult with, or refer to, other health care providers as indicated.”*

Most CCE accredited chiropractic colleges have sought to further demonstrate their academic strength by qualifying for recognition and accreditation by regional accrediting agencies. For example, Life University in Marietta, Georgia, is accredited by the Southern Association of Colleges and Schools; and Palmer College of Chiropractic in Davenport, Iowa, is accredited also by the North Central Association of Colleges and Schools, etc.

### **The Legal Establishment of Chiropractic**

The practice of chiropractic is a privilege authorized by the legislatures of the various states under the authorities reserved to the states in the U.S. Constitution. The realities of chiropractic practice flow from this legal establishment, and, ultimately, in every instance, the doctor of chiropractic will be held accountable to such provisions, statutes and regulations as have been established by state law. Any attempt to encode professional practice guidelines for the chiropractic profession must begin with a thorough, objective examination of this legal establishment and reflect the realities, authorities and limitations contained therein. The legal development of chiropractic began shortly after the initial articulation of chiropractic principles and, by the 1920s, chiropractic was well on the way to formal legal recognition and regulation through licensure in numerous states. The first law passed by a state legislature authorizing and regulating the practice of chiropractic as a separate and distinct health care profession was in Kansas on March 20, 1913. This action was followed in quick succession by the legislature of North Dakota in that same year, and by Arkansas, Oregon, Nebraska and Colorado, by 1915. This represented the beginning of a recognition process that was not completed until 1974 when Louisiana finally adopted a chiropractic licensure law.

The statutes governing the practice of chiropractic are worded similarly in every state. All states statutes have recognized chiropractic as a primary contact health care profession applying its unique science and procedural approach to health care. Common to all state statutes is an emphasis on the spinal adjustment procedure and such diagnostic activities as are necessary to properly perform this function and to protect the public. A second common thread running through the legal mechanisms establishing chiropractic is the drugless and non-surgical nature of chiropractic science. Chiropractic like podiatry, dentistry, and optometry exist as a legal exception to the practice of medicine with its own area of application and clinical expertise care of the articulations of the human frame, particularly the spine, through the application of chiropractic adjustments, etc. as a science and art.

The status of the doctor of chiropractic, as established by statute, training and experience, includes the ability and authority to evaluate the general health status of an individual for certification purposes, in the context of a required physical for school, employment, sports and, as federally authorized, approval to operate heavy transportation machinery. The U.S. Department of Transportation authorizes DC's to perform physical examinations for long-distance truck drivers, etc. Such physicals are a routine part of chiropractic practice. The clinical competence to perform such evaluations and through standard health status measures such as blood pressure, heart rate, etc., make a statement about the general health of an individual does not necessarily include an obligation or authority to develop a full-body medical diagnosis or to perform procedures outside the recognized scope of chiropractic.

In the presence of abnormal findings in the course of routine physical examinations for specific purposes, such as those cited above, the DC follows the standard chiropractic care pathways as described

in chapter 2, making such care decisions (including referral) as are clinically indicated on an individual basis.

Doctors of chiropractic are also obligated to perform certain public health functions that are common to all primary contact, doctor level health care professionals. Many state laws obligate the doctor of chiropractic to report child abuse, spouse abuse, certain communicable diseases and other findings to public health authorities. Likewise, the doctor of chiropractic may have responsibilities under state laws and regulations to take action in the presence of substance abuse.

The process by which the several state legislatures developed statutory language and authority for the practice of chiropractic have been very specific in identifying chiropractic as a branch of the healing arts that is separate and distinct from all others. In particular, statutes tend to be especially clear and specific in identifying chiropractic as a practice apart from, distinct from and not the practice of medicine. The following citations from a number of current state statutes convey this distinct, "not medicine" element in chiropractic's legal establishment:

**Idaho:** *Chiropractic practice, as herein defined is hereby declared not to be the practice of medicine...*(Idaho Code Title 54, Chapter 7: 54-704 Chiropractic practice, No. 3.)

**Kentucky:** *The practice of chiropractic shall not include the practice of medicine or osteopathy...* (Kentucky Revised Statutes Annotated Title XXVI Chapter 312: 312.015 Definitions for Chapter, No. 5.)

**Maine:** *"...and chiropractic is declared not to be the practice of medicine, surgery, dentistry or osteopathy."* (Maine Revised Statutes Annotated, Title 32 Chapter 9 Subchapter 1, 451.Definitions)

**Maryland:** *Except as otherwise provided in this title, "practice chiropractic" does not include the use of drugs or surgery, or the practice of osteopathy, obstetrics, or any other branch of medicine.* (Annotated Code of Maryland Title 3, Subtitle 1 section 3-101.Definitions, (f)(3).)

**Minnesota:** *The practice of chiropractic is not the practice of medicine, surgery, or osteopathy.* (Minnesota Statutes Annotated Health Chapter 148, Sec. 148.01.Chiropractic, No. 2.)

An enormous body of judicial decisions and opinions, going back nearly 100 years, likewise identifies chiropractic as a practice different from medicine. Such decisions reflect the strong positions outlined in statutory languages regarding the separateness of chiropractic. This statutory and judicial record has clarified the status of chiropractic beyond dispute and/or doubt, and has established chiropractic as a science, art, philosophy and practice distinct and separate from medicine. The other common theme is the legislative guarantee to the chiropractic professional of access to appropriate diagnostic technology. All jurisdictions in the U.S. authorize x-ray applications and a list of other technologies is common in state statutes. Also, there are common limitations, such as the prohibition of the use of x-ray technology for therapeutic, as opposed to diagnostic purposes. Many states have demonstrated through legislation a commitment to arm the DC with diagnostic technologies appropriate to actual practice needs, and to protect the patient.

State laws have clearly established chiropractic as a separate professional endeavor and spell out in considerable detail the parameters of chiropractic practice. The specialized nature of chiropractic is particularly evident when one contrasts chiropractic scope and licensure to the practice of medicine in all its branches.

### **The Statutory Establishment of Chiropractic Responsibility for Clinical Activity Related to the Nervous System**

The scopes of practice established by state legislatures are, in most instances, quite specific. Among the core concepts embodied in law is the relationship between the chiropractic adjustment and/or manipulation and the functions of the nervous system.

Most states have enacted statutes that contain specific references to the neurological responsibility of the doctor of chiropractic, relating nerve interference to human dysfunction. This nerve interference is recognized by statute to have health consequences in the human body and constitutes the primary chiropractic diagnosis. No state statute requires a patient to present conditions or symptoms other than the finding of such nerve interference to fall within the realm of chiropractic professional competence.

Examples of state statutes that identify caring for the nervous system as a primary responsibility of the doctor of chiropractic include:

**Alabama:** *The term "chiropractic," when used in this article, is hereby defined as the science and art of locating and removing without the use of drugs or surgery any interference with the transmission and expression of nerve energy in the human body. (Code of Alabama 1975 Title 34, Chapter 24, Article 4, Division 1 Section 34-24-120 (a))*

**Colorado:** *"Chiropractic" means that branch of the healing arts which is based on the premise that disease is attributable to the abnormal functioning of the human nervous system. It includes the diagnosing and analyzing of human ailments and seeks the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand, of the articulations and adjacent tissue of the human body, particularly the spinal column. (Colorado Revised Statutes Annotated Title 12, Article 33 Part 1 Section 12-33-102(1))*

**Florida:** *"Practice of chiropractic" means a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques" (West's Florida Statutes Annotated, Title XXXII, Chapter 460, 8a).*

**Indiana:** *"Chiropractic" means the diagnosis and analysis of any interference with normal nerve transmission and expression, the procedure preparatory to and complementary to the correction thereof by an adjustment of the articulations of the vertebral column, its immediate articulation, and includes other incidental means of adjustments of the spinal column and the practice of drugless therapeutics. (West's Annotated Indiana Code Title 25, Article 10 Chapter 1, 25-10-1-1, Sec 1 (1))*

**Maryland:** *"Practice chiropractic" means to use a drugless system of health care based on the principle that interference with the transmission of nerve impulses may cause disease. "Practice chiropractic" includes the diagnosing and locating of misaligned or displaced vertebrae and, through the manual manipulation and adjustment of the spine and other skeletal structures, treating disorders of the human body. (Annotated Code of Maryland Title 3 Subtitle 1 Section 3-101 (f)(1)(2))*

**Tennessee:** *"Chiropractic" means a system of healing based on the premise that the relationship between the structural integrity of the spinal column and function in the human body is a significant health factor and the normal transmission of nerve energy is essential to the restoration and maintenance of health. The practice and procedures used by the doctor of chiropractic shall include the procedures of palpation, examination of the spine and chiropractic clinical findings accepted by the board of chiropractic examiners as a basis for the adjustment of the spinal column and adjacent tissues for the correction of nerve interference and articular dysfunction. (Tennessee Code Annotated, Title 63 Chapter 4, 63-4-101(a)(b))*

### **Legislative Establishment of Subluxation as an Element in Chiropractic Practice**

The concept of the subluxation has previously been defined via the consensus paradigm statement quoted earlier. This clinical element of chiropractic is recognized not only in chiropractic education, literature, philosophy and practice, it is strongly established in both state and federal legislation as a primary element of chiropractic clinical responsibility. These laws also identify the adjustment of the subluxation to restore normal nerve function as a unique service not provided by medicine, osteopathy or any other health care discipline. Many states specifically identify the concept of subluxation in their

chiropractic practice statutes. Most states imply an understanding of the subluxation complex by specifying the responsibility of the doctor of chiropractic for adjusting the spine and adjacent tissues for the elimination of nerve interference.

Examples of state statutes that expressly identify the detection of and caring for subluxation(s) as the core of chiropractic practice include:

**Arizona:** *A doctor of chiropractic is a portal of entry health care provider who engages in the practice of health care that includes: 1) the diagnosis and correction of subluxations, functional vertebral or articular dysarthrosis or neuromuscular skeletal disorders for the restoration and maintenance of health. 2) Treatment by adjustment of the spine or bodily articulations and those procedures preparatory and complementary to the adjustment including physiotherapy related to the correction of subluxations.* (Arizona Revised Statutes Annotated, Title 32, Chapter 8, Article 2 32-925(a), No. 1, 3)

**Connecticut:** *The practice of chiropractic means the practice of that branch of the healing arts consisting of the science of adjustment, manipulation and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells of the body, which may be a cause of disease, are adjusted, manipulated or treated.* (Connecticut General Statutes Annotated Title 20, Chapter 372, Section 20-24, (1)

**District of Columbia:** *"Practice of Chiropractic" means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health.* (District of Columbia Code 1981, Part 1, Title 2, Chapter 33, Subchapter I \_2-3301.2(3)(A)

**Delaware:** *The practice of chiropractic includes, but is not limited to, the diagnosing and locating of misaligned or displaced vertebrae subluxation complex.* (Delaware Code Annotated, Title 24, Chapter 7, \_701 b.)

**Florida:** *"Practice of chiropractic" means a noncombative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body, thereby causing disease, are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques ...*(Florida Statutes Annotated Title XXXII, Chapter 460, Section 460.403 (8)(a)

**Idaho:** *"Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex.* (Idaho Code, Title 54 Chapter 7, 54-704 (1)(a.)

**Maine:** *Chiropractic. "Chiropractic" means the art and science of identification and Correction of subluxation and the accompanying physiological or mechanical abnormalities. The term subluxation, as utilized within the chiropractic health care system, means a structural or functional impairment of an intact articular unit. Chiropractic recognizes the inherent recuperative capability of the human body as it relates to the spinal column, musculo-skeletal and nervous system.* (Maine Revised Statutes Annotated, Title 32, Chapter 9, Subchapter 1 section 451 (1).

**Massachusetts:** *"Chiropractic", the science of locating, and removing interference with the transmission or expression of nerve force in the human body, by the correction of misalignments or subluxations of the bony articulation and adjacent structures, more especially those of the vertebra column and pelvis, for the purpose of restoring and maintaining health.* (Massachusetts General Laws Annotated Part I, Title XVI, Chapter 112, Section 89)

**New York:** *The practice of the profession of **chiropractic** is defined as detecting and correcting by manual or mechanical means structural imbalance, distortion, or subluxations in the human body for*

*the purpose of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.* (Consolidated Laws of New York, Chapter 16 Title VIII, Article 132, Section 6551 (1.)

Other state statutes that define and identify the subluxation specifically include Kentucky, Nevada, New Jersey, Texas, Utah, Vermont, and Washington. These statutes are accessible via the Internet web sites of the various states as well as the ICA website <http://www.chiropractic.org>.

While the practice of various health professions is established and regulated by the states, federal statutes and regulations have a powerful and growing impact on health care organization and delivery. The concept of the subluxation is clearly and emphatically recognized in federal statutes in a number of contexts. Indeed, no federal program recognizes chiropractic outside the context of the subluxation. The federal statutes governing the Medicare program, where chiropractic services have been included since the early 1970's, defines chiropractic and reimbursable chiropractic services as:

*A chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of subsections (s)(1) and (s)(2)(A) of this section and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation demonstrated by X-ray to exist) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided.* (42USC Sec. 1395x (r)(5).

Medicare extends these concepts in the statute into the regulations governing the program with an express definition:

*A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist.* (42 CFR 482 SubpartB Section 482.12 (7) (c)(1)(v)

Federal statutes establishing chiropractic participation in the Medicaid program employ the same terminology as in the general Medicare program. Federal Employee health Benefit Programs recognized chiropractic on terms negotiated between public employee representative committees and various insurance carriers but the federal workers compensation program identifies and defines chiropractic, once again, very specifically to include chiropractors and chiropractic services as follows:

*The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.*

### **Adjustment and/or Chiropractic Manipulation: The Core of Chiropractic Practice**

Without question, the adjustment and/or manipulation of the spine and its adjacent structures represents the essence of chiropractic patient care as established by state statute. No less than 38 state statutes employ the term "adjustment" in reference to the procedures applied by the doctor of chiropractic. Most state statutes are very specific regarding the authority of the doctor of chiropractic to apply the adjustment and/or manipulation process to the area of the human spine and its articulations. State statutes recognize that chiropractic science is anatomically very specific to the spine but with broad body implications. No less than 18 state statutes include the concept of manipulation, and in almost every instance it is utilized in addition to the term "adjustment". Clearly, the terms are not meant to be synonymous.

**Colorado:** *"Chiropractic"...includes ...the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand, of the articulations and adjacent tissue of the*

*human body, particularly the spinal column.* (Colorado Revised Statutes Annotated, Title 12, Article 33, Part 1: 12-33-102 (1))

**Connecticut:** *The practice of chiropractic means the practice of that branch of the healing arts consisting of the science of adjustment, manipulation and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells of the body...are adjusted.* (Connecticut General Statutes Annotated, Title 20, Chapter 372, 20-24 (1))

**District of Columbia:** *"Practice of Chiropractic" means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine.* (District of Columbia code 1981, Part I, Title 2, Chapter 33, s2-3301.2 (3)(A))

**Georgia:** *"Chiropractic" means the adjustment of the articulation of the human body including ilium, sacrum, and coccyx...The adjustment referred to in this paragraph and subsection (b) of Code Section 43-9-16 may only be administered by a doctor of chiropractic authorized to do so by the provisions of this chapter.* (Code of Georgia, Title 43, Chapter 9; 43-9-1 (2))

**Idaho:** *"Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuromuscular, neurovascular, neuro-cranial, or neuro-lymphatic reflex technique procedures.* (Idaho Code, Title 54, Chapter 7: 540-704 (1)(a).)

### **Chiropractic: A Drugless Science**

In the legislative process that established chiropractic and in the subsequent regulatory procedures that amplify and implement legislative directives, chiropractic is often defined by what is included within the professional scope of chiropractic practice as well as what is expressly prohibited. Among the prohibitions that characterize chiropractic is the absence of authority to prescribe or administer drugs. All fifty states expressly prohibit the prescription or administration of federally controlled substances by a doctor of chiropractic. No state authorizes the doctor of chiropractic to administer or prescribe anesthesia, vaccines or serums or radioactive substances for therapeutic purposes. State statutes tend to be quite specific in this area as is shown in the excerpts from state statutes presented below.

**Alabama:** *...but chiropractors are expressly prohibited from prescribing or administering to any person any drugs included in materia medica* (Code of Alabama 1975 Title 34 Chapter 24 Article 4 Division 1, s 34-24-120 (c)).

**Arizona:** *A doctor of chiropractic licensed under this chapter shall not prescribe or administer medicine or drugs.* (Arizona Revised Statutes Annotated Title 32 Chapter 8 Article 2, 32-925 (b)).

**Connecticut:** *Practice chiropractic as defined in section 20-24, but shall not prescribe for or administer to any person any medicine or drug included in materia medica...* (Connecticut General Statutes Annotated Title 20 Chapter 372, 20-28 (b)(1)).

**District of Columbia:** *"Practice of Chiropractic" does not include the use of drugs...* (District of Columbia Code 1981 Part 1, Title 2 Chapter 33 Subchapter 1, Section 2-3301.2 (3)(A)).

**Georgia:** *However, the term "chiropractic" shall not include the use of drugs...* (Code of Georgia, Title 43 Chapter 9, 43-9.1 (2)). The status of the doctor of chiropractic, as established by statute, training and experience, includes the ability and authority to evaluate the general health status of an individual for certification purposes,

**Louisiana:** *The practice of chiropractic does not include the right to prescribe, dispense, or administer medicine or drugs...* (West's Louisiana Statutes Annotated Title 37, Chapter 36 Part 1 Section 2801 (3)(c))

**New Jersey:** *No licensed chiropractor shall use. . . or prescribe, administer, or dispense drugs or medicines for any purpose whatsoever...*(New Jersey Statutes Annotated Title 45 Subtitle 1, Chapter 9 Article 1 45:9-14.5)

**New York:** *A license to practice **chiropractic** shall not permit the holder thereof...to prescribe, administer, dispense or use in his practice drugs or medicines...*(Consolidated Laws of New York Chapter 16, Title VIII Article 132, 6551. Definition of practice of chiropractic (3).

**Tennessee:** *Nothing in this chapter shall be construed to authorize any of the following: Prescribing drugs...*(Tennessee Code Annotated Title 63, Chapter 4, 63-4-101 "Chiropractic" Defined-B Mandatory practices (d)(1).

### **Implications for the Guidelines Process**

The authorities established by law and the consensus that has evolved via such widely recognized bodies as the Council on Chiropractic Education and the Association of Chiropractic Colleges represent powerful elements that must be included in the development of any chiropractic practice guidelines. Legal requirements represent absolutes. Consensus statements, definitions and positions adopted by diverse and widespread professional bodies within the chiropractic profession are part of the self-defining, self-governing process that any serious, mature profession should expect to see emerge. Along with more specific literature and clinical studies, these bodies of "evidence" can and should be an integral part of the body of data on which guidelines are based.

### **The Ethical Context of Chiropractic Practice**

The most stringent statutory provisions and the strictest standards and guidelines for the practice of any profession gain a vital additional dimension when placed in a well defined and demanding ethical context. To foster this important state of professional awareness and to protect the profession and the public, the Board of Directors of the International Chiropractors Association established an extensive Code of Professional Ethics. This code is presented as an important element of the conditions and terms on which chiropractic should be practiced. It is the intent of these practice protocols and guidelines to reflect the values and objectives of this code of ethics in every aspect in its various components.

### **The International Chiropractors Association Code of Ethics**

This Code of Professional Conduct was first developed by the International Chiropractors Association and officially adopted by its Board of Directors in 1985. In the preamble, it is stated that behavior is recommended for all doctors of chiropractic and chiropractic assistants. The ICA Code of Ethics comprises a doctor of chiropractic's duties and obligations to his or her patients, the public and each other. The ethical foundations upon which these principles are based are established moral obligations that ensure the dignity and integrity of the profession.

The following basic principles should be guiding factors in the practice of chiropractic and upheld at all times.

1. Consider the well-being of the patient. The primary effort and ultimate goal should be for "the greatest good of the patient".
2. Honor your profession, its history and tradition.
3. Respect your patient's rights of confidentiality in the doctor-patient relationship.
4.  Recognize chiropractic's limitations and acknowledge the special skills of other health care professions in the prevention and care of disease.
5. Let professional responsibility, integrity and high standards of competence and skill be your guiding tenets.

The primary duty of every doctor of chiropractic is to abide by federal, state, provincial, and local statutes establishing the privileges of practicing chiropractic as well as the basic moral obligations imposed by this Code of Ethics.

ICA Best Practices