

## CCGPP DRAFT & COCSA

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*Practices process. The Chiropractic Clinical Compass which is an iterative process, shall include but not be limited to the research literature synthesis and stratification, the application of and utilization of this process in practice, and the dissemination, implementation, evaluation, and revision process applied to the various aspects of our profession: to include the experiential, experimental and clinical orientation of practitioners in order to promote Best Practices and improve the quality of patient care within our profession.*

"There is an overwhelming climate of skepticism and concern on the part of doctors of chiropractic in active practice over the "Best Practices" and other extra-legal, extra-legislative attempts to develop standards and criteria that might then be imposed on the chiropractic profession as 'must do' components of practice activity," said ICA

President Dr. John Maltby.

ICA also remains deeply concerned over the third-party payment orientation of the CCGPP draft, instead of a quality of patient care focus. ICA urges careful consideration of assumptions that hold that "If we had good guidelines, then third party payment agencies would have to use them."

Third party payment agencies, both public and private, have repeatedly demonstrated that they will find whatever guidelines they can to justify the care limitations they need to survive economically, and are very likely immune to "evidence" no matter how sound and compelling.

"We are already seeing the ridiculous application of guidelines from the chiropractic medicine group being used against doctors who are doing the most basic, well-established procedures," said Dr. Maltby. "There is also no shortage of doctors of chiropractic who are willing to testify to anything for money, regardless of who is injured or compromised. If the chi-

ropractic profession needs to come together to examine any aspect of professional behavior, I believe the ethical front is the most urgent point needing such attention."

ICA withdrew from participation in the CCGPP in 1999, out of a decided lack of confidence in the direction of the organization following the profession-wide rejection of the *Mercy Report*. CCGPP representatives repeatedly urged ICA to continue its membership. Seeing little prospect of major changes in the operations of CCGPP that were likely to produce any product other than a new *Mercy* style document, ICA's Board reaffirmed its decision to withdraw and emphatically communicated its non-participation position to CCGPP, a position that has been maintained by numerous Board votes over several years.

ICA, along with most if not all state chiropractic associations, are waiting to see if the CCGPP is willing and able to take the significant steps that need to be taken in order to put this

process back on a credible track. ICA is aware that a commitment to do so was implied by CCGPP representatives at the COCSA Baltimore meeting, and is waiting for actual events to unfold on this front. Whether ICA might re-engage in the process would likely depend heavily on the implementation of the major changes in CCGPP's operations cited during the COCSA debate and outlined in the COCSA resolution.

## SURVIVAL VALUE – MALTBY

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tory has it been more important for you to become part of the team that is making a positive impact on the future of chiropractic internationally. Never in our history has there been a more important time for you to become a member of the ICA.

Each of us must understand that the future of our profession depends on our ACTIONS, not our VALUES. ICA is committed to act in the areas, and fight in the battles where the future of the profession is being charted. This is not a time for pointless posturing but for determined action, and we are working hard to put ICA's values into action by:

1. Making chiropractic's unique subluxation language the center of all new state, federal and international legislative initiatives,
2. Continuing to promote the subluxation centered Association of Chiropractic Colleges (ACC) Paradigm Statement on chiropractic as the unifying basis for the expansion of chiropractic worldwide,
3. Continuing to take a strong stand against the blurring of professional lines and initiatives to expand chiropractic into a clearly medical realm, at the expense of chiropractic's unique identity,
4. Meeting chiropractic's critics and competitors head-on regarding the proven safety of chiropractic care,
5. Continuing to work to educate the public on the unique drugless, non-surgical nature of chiropractic.
6. Taking a strong, uncompromising stand against initiatives from within the profession that seek to re-define chiropractic away from its subluxation foundations or restrict the clinical autonomy of DCs to make the best decisions on the care of their patients.

This list can go on and on, but as more of our colleagues participate in the efforts of ICA, the longer this list can be. Remember, if you are not part of the Constructive team, you are only helping the Destructive. What team are you on?

# Are You a **WHIZ** at Whiplash?



**ANSWER THE 8 QUESTIONS** below and show your stuff. If you only know an answer or two, you need to attend to fill the gaps with what you don't know: New knowledge!

1. **WHY** do some patients have ongoing pain after all possible tissue healing has occurred, and can we help them?
2. **HOW** can a D.C. explain, to the insurer or jury, how the patient was injured when the car wasn't damaged? What information is needed to satisfy both a jury and Colossus?
3. **WHAT** are the biomechanical reasons for both acute and chronic pain, and how can we manage them nutritionally, without our patients having to resort to drugs?
4. **IS** there a model based on Guyton's Textbook of Medical Physiology that can help me find, collect and correlate evidence of soft-tissue injury?
5. **ARE** there randomized clinical trials comparing chiropractic adjusting to the drugs Celebrex and Vioxx in the management of chronic spine pain, and how well did chiropractors do?
6. **WHAT** diagnostic testing best shows the injuries we manage as chiropractors?
7. **WHY** is the history the most important part of the examination?
8. **WHY** would an insurer find chiropractic compared to medicine or PT the treatment of choice?

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