

The Chiropractic Association (Singapore)

Self – Regulation Document

2022



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Self-Regulation Document

Introduction

The document presented in the following builds on the original self-regulation document (2003), the current constitution, and rules of the Chiropractic Association (Singapore). Many of our regulations were the product of several workshops held over 1½ years in 2006 – 2007, where members have discussed and expanded on these to create a more comprehensive regulation. Further policies have been developed over the interval in response to local and international developments, demonstrating our intent on being a self-regulatory profession, and working towards full statutory regulation.

There is a general agreement that the spirit of self-regulation needs to capture both current local legislation of other regulated health care professionals in Singapore, as well as the prevailing chiropractic regulatory themes in the region (Hong Kong and Australia) and elsewhere (UK in particular, given the historic ties with Singapore).

As the original document is nearing 20 years, some improvements and clarifications have been incorporated. Incremental changes reflect new developments within our role in the health care arena in Singapore, as well as research and trends within our own profession on a global level.

As a living document, these changes are aimed at serving the public better by The Association's undertaking to ensure member's competence and adherence to a code of ethics and professional standards, thereby demonstrating the integrity and willingness towards the greatest good for the patient.

The other underlying principle of our self-regulation efforts is the credibility of members, as the onus is on each individual member to be guided by their competency and the codes of professional conduct of the association. In the lack of governmental regulation of the practice of chiropractic, The Chiropractic Association (Singapore) has established and maintains a professional registry of chiropractors who fulfil its requirements of academic competency, professional conduct and professional liability.

The Chiropractic Oath

In accordance with the Chiropractic Principles of the art, science and philosophy of Chiropractic, and in consequence of my dedication to the restoration of the sick to health, I promise and swear to keep to the best of my ability and judgment, the following oath:

I will adhere to the code of ethics espoused by the chiropractic profession.

I will observe and practice professional conduct in relations with my patients, my colleagues, myself and my profession. I will seek to preserve the integrity of my profession and will help it to grow in service to the benefit of all humanity.

I will serve my patients to the best of my ability, violating neither their confidence nor their dignity, and in my association with these patients, I shall not violate that which is moral and right. I will provide regimen for the good of my patients according to my ability and my judgment.

I will regard and refer to my fellow doctors with honour and dignity, giving credit for their dedication and commitment to the profession.

I will continue to improve my knowledge and skill, and be sincere in my resolution to justify the responsibility which this degree symbolises and imposes.

Definition Of Chiropractic

Background

The concept of chiropractic is a result of the profession's historical development, its educational and theoretical basis and legislative efforts in other countries and on our own self-regulation efforts here in Singapore.

An up-to-date description of the concept of chiropractic needs to reflect the issues and developments within our profession in order for us to be able to identify ourselves with and for others to identify us as a specialised branch of the health care community. This is necessary both from internal professional reasons and in order to have a stronger identity among our patients, governmental authorities, and other professions. In other words, it is necessary to increase the awareness of what chiropractic is.

Definition

Chiropractic is the professional specialization of the health and disorders of the neuromusculoskeletal system and is concerned with their diagnosis, prevention and treatment. Chiropractic treatments include manual treatments of the joints, related soft tissue treatments and other relevant adjunct therapies.

Manual procedures, including spinal adjustments, other joint manipulations, joint mobilisations and soft tissue techniques, are important procedures used by chiropractors, but these do not exclude other procedures. Chiropractic is scientifically based and builds on accumulated clinical experience and existing best evidence. The explanation of disorders does not necessarily result in a treatment as described above, but may lead to advice alone, instructions, or recommendations of other types of treatments and procedures.

The Chiropractic Association takes the stance that chiropractic is a mainstream health care discipline, providing primary contact health care.

The Chiropractic Identity

This identity statement was developed by a WFC task force formed for this purpose with members from all WFC regions. It was adopted by the WFC General Assembly of members and subsequently ratified by TCA(S).

1. The public identity of the chiropractic profession, if it is to be effective and successful, should be similar in all countries.
2. This identity should be established and maintained through the use of the following three linked concepts:
 - a. the '**pole**' (brand platform), a leading statement on identity, which must be clear, concise and immediately relevant to both the public and the profession
 - b. the '**ground**' (brand pillars), several important qualifying statements which provide the necessary context and foundation for the pole
 - c. the '**personality**' (tone), a description of the qualities or essential personality of chiropractors

The **pole** should be the spinal health care experts in the health care system.

The **ground** should include:

- a. the ability to improve function in the neuromusculoskeletal system, and overall health, wellbeing and quality of life.*
- b. a specialized approach to examination, diagnosis and treatment, based on best available research and clinical evidence with particular emphasis on the relationship between the spine and the nervous system
- c. the tradition of effectiveness and patient satisfaction
- d. no use of drugs and surgery, enabling patients to avoid these where possible
- e. expertly qualified providers of spinal adjustment, manipulation, and other manual treatments, exercise instruction and patient education.*
- f. collaboration with other health professionals
- g. a patient-centered and bio-psychosocial approach, emphasizing the mind/body relationship in health, the self-healing powers of the individual, and the individual's responsibility for health to encourage patient independence.

The **personality** should be a combination of expert, professional, and ethical knowledge combined with an accessible, caring, and humane attitude*.

Constitution of The Chiropractic Association (Singapore)

Name

The name of The Association shall be “The Chiropractic Association (Singapore)” hereinafter called The Association.

Voting rights shall be limited to Professional Members.

Place of Business

It's place of business shall be BLK 681 Race Course Road #01-311 or such address as may be subsequently decided upon by The Committee, and approved by the Registrar of Societies.

Objects

The object of The Association shall be to promote and advance the Art and Science of Chiropractic and to promote the education of Chiropractic to the Physicians, The Chiropractic Doctors, their patients and the public.

Membership and Dues

There are **no limits to the number of people who may join this Association**. Membership in The Association shall not be restricted as regards to Sex, Race, Religion, Dwelling or Creed.

A person wishing to join this Association should submit his name and particulars on the proper form supplied by the Secretary and must be proposed by a member and seconded by another member.

The Executive Committee will then determine whether to accept the candidate for membership.

Professional Members

They must be Chiropractors *and* shall be Chiropractic degree holders and graduates of government accredited courses or government accredited tertiary institutions offering professional degrees in Chiropractic. These courses shall be consistent with the Education Standards for Chiropractic Colleges as set out by the Council on Chiropractic Education – International or its reciprocal organizations and should contain its prescribed curriculum presented over a minimum period of eight semesters or the equivalent for a total of not less than 4200 hours.

All individuals wishing to apply for professional membership shall fill out and sign the application form and also supply to the association:

1. A certified true copy of their Chiropractic degree/ diploma, plus verification from the registrar of their institution.
2. A letter of good standing from their Chiropractic Board if they have graduated more than 12 months ago.
3. A photocopy of the front and back of their NRIC or identification page of the applicant's passport

A copy of the rules and regulations of The Association shall be provided to every approved applicant who has paid his/her fees. A non-refundable application fee of \$15 is payable on filing for election to general membership and \$30 for filing for election to professional membership. Subsequent membership fees shall be payable at the rate of \$25 per annum for general members.

Professional members fees shall be set at an amount agreed upon by members at a general meeting. Membership fees shall be due at the beginning of the financial year (1st October). For new member applications, annual fees will be pro-rated, with full annual fees (100%) being assessed if joining between 1 October and 31 December, 75% being assessed if joining between 1 January and 31 March, and 50% being assessed if joining after 1 April.

Members shall complete 8 hours of continued education every year. If additional hours are obtained in any year, 4hrs can be carried to the next year.

If a member fails to settle his dues within 30 days he will be sent a reminder by The Honorary Treasurer. If he falls into arrears for more than 3 months, his dues will be automatically terminated unless the General Membership of The Committee decides otherwise. The rate of annual subscriptions or dues may only be varied by an annual or extraordinary general meeting. Any special subscriptions for a particular purpose may only be raised from the members with the consent of the general meeting of members.

To prevent abuse, a membership period of 1 year as a TCA(S) member shall be fulfilled prior to issuance of a letter of good standing in The Association.

Management of General Meetings

The supreme authority of The Association is vested in the general meeting of members presided over by the President. At least one quarter of the total membership of The Association present at a general meeting shall form a quorum.

An Annual General Meeting will be held in December. At other times a general meeting must be called by the President on request in writing by 50% or more of the voting members, and at other times by order of The Committee.

At least 2 weeks' notice will be given of an Annual General Meeting, and at least 10 days' notice of other general meetings. The notice of meeting and agenda will be circulated to the members.

The following points will be considered for the **Annual General Meeting**:

- a. The previous financial accounts
- b. The annual reports of the Committee
- c. Reports of the sub-committee, if any
- d. The election of the new committee and auditors for the following year
- e. Any New Business

Any member who wishes to place an item in the agenda of the Annual General Meeting may do so provided that he gives notice to The Honorary Secretary at least one week before the

meeting is due to be held. New business may be raised at the Annual General Meeting only if the general members agree to allow the specific items to be raised.

In the event there being no quorum at the Annual General Meeting or at any other meeting, the meeting shall be adjourned for half an hour and should the number then present be insufficient to form a quorum, those present shall be considered a quorum, but they shall have no power to alter, amend, or make additions to any of the existing rules of The Association.

Management Committee

The Committee, consisting of the following, shall be elected by those members present and voting at each Annual General Meeting: The President, The Vice-President, an Honorary Secretary and an Honorary Treasurer, a Correspondence Officer and a Sub-Committee Officer and two other Ordinary Committee members.

No member shall at any time, hold more than one post.

Names for the above officers shall be proposed and seconded at the Annual General Meeting, and election will follow on a simple majority vote of the members. All Officers except the Honorary Treasurer may be re-elected year after year.

For nomination to the committee, members must fulfil either:

- a. 1 year as a TCA(S) member or
- b. Attendance of an minimum of 3 Exco meetings as an active member of TCA(S) with nomination by the majority of the existing board.

In order to qualify as an eligible candidate for election to the committee, the member must pass a probation period of 1 year as a TCA(S) member prior to issue of letter of good standing.

A Committee meeting shall be held at least quarterly. The President may call a Committee meeting after giving 10 days' notice. By giving 1 day's notice he/she may call for an Emergency meeting. At least one half of The Committee members must be present for its deliberations and actions to be valid.

The duty of The Committee is to organise and supervise the activities of The Association, and to make day to day decisions on matters affecting its running when a General Meeting is not sitting. It may not act contrary to the express wishes of the General Meeting without prior reference to it, and always remains sub-ordinate to the General Meeting, and to the laws of the jurisdiction in which the meeting takes place.

The Committee has the power to authorise the expenditure of the sum not exceeding S\$1,000 per month from the Society's funds for The Association's purposes.

Duties of the Office Bearers

The **President** shall act as Chairman at all General and Committee meetings. He/ She shall also represent The Association in its dealing with outside persons.

The **Vice-President** shall assist the President and deputies for him/her in his/her absence.

The **Honorary Secretary** shall keep all records, except financial, of The Association and shall be responsible for their correctness. He/She will keep minutes of all General and Committee meetings. He/She shall maintain an up-to-date register of members at all times.

The **Treasurer** shall keep all funds and collect and disperse all money on behalf of The Association, and shall keep an account of all monetary transactions, and shall be responsible for their correctness. He/She is authorised to spend up to S\$250.00 per month for petty cash expenses on behalf of The Association. He/She shall not keep more than S\$250.00 in the form of cash. Cash in excess of this will be deposited in the bank to be named by The Committee.

All cheques and withdrawals from the bank must be signed jointly by the Treasurer and the President, or in his absence, the Vice-President.

The **Correspondence Officer** shall be responsible for all correspondence of The Association and shall work closely with the Secretary.

The **Sub-Committee Officer** shall head all sub-committees and report to the Committee on the progress of the activities.

The **Ordinary Committee members** shall assist the Committee in whatever ways possible and perform any duties assigned by the Committee in furtherance of the objects.

Any member of the Committee who is **absent from 3 meetings consecutively** without satisfactory explanations acceptable to majority of the balance of the Committee, or the general membership, shall be considered to have withdrawn from the Committee, and his successor may be co-opted by the Committee or at a general meeting to serve until the next Annual General Meeting.

Audit and Financial Year

Auditors

Two persons, not members of The Committee, shall be elected as Honorary Auditors at each Annual General Meeting. They will hold office for one year only and shall not be re- elected.

Alternatively, a firm of Public Accountants may be appointed as auditors of The Association for a term of one year and shall be eligible for re-appointment for a consecutive term. Auditors will be required to audit the year's accounts and present a report upon them to the next Annual General Meeting.

They may be required by the President to audit The Association's accounts for any period within their tenure of office at any date, and make a report thereon to the Committee. The Treasurer shall extend his full co-operation to the Auditors, as shall the Secretary, the President and any other Officers or members of The Association.

Financial Year

The financial year of this Association shall be from **1st October to 30th September**.

Trustees

If the Society at any time shall acquire any immovable property, such property shall be vested in trustees subject to a declaration of trust.

Any trustee may at any time resign his trusteeship. If a trustee dies or becomes unfit, either mentally or physically, or moves permanently, or is absent from the Republic of Singapore for a period of more than one year, he shall be deemed to have resigned his trusteeship.

If a trustee is guilty of misconduct of such kind as to render it undesirable that he continue as a trustee, a general meeting may remove him from his trusteeship. Vacancies in the trusteeship may be filled by the general meeting but the number shall not be greater than 4 or less than 2.

Notice of any proposal to remove a trustee from his trusteeship, or to appoint a new trustee to fill a vacancy, must be given by affixing in the premises of The Association and/or by mail two weeks before the meeting at which the proposal is to be discussed. The result of such meeting shall then be notified to the Registrar of Societies. The addresses of immovable properties, names of trustees and any subsequent changes must be notified to the Registrar of Societies.

Visitors

All association meetings are open, by invitation to qualified chiropractors, chiropractic students and prospective students, as observers, and recorded in the minutes as such. Should confidential matters arise that are for member's discussion only, visitors will be asked to absent themselves for that portion of the meeting.

Limitation

Except in furtherance of The Association's objects, all other functions of The Association shall be strictly limited.

Prohibitions

Gambling of any kind or the playing of paikoe or mahjong, whether for stakes or not, is forbidden in The Association premises. The introduction of materials for gambling or drug taking and of bad characters into the premises is prohibited.

The funds of this Association shall not be used to pay fines of members who have been convicted in court.

The Association shall not engage in Trade Union activity as defined in any written law relating to trade unions for the time being in force in Singapore.

The Association shall not hold any lottery whether confined to members or not, or whether in the name of The Association or its office bearers, Committee, or members except insofar as shall be allowed by law.

The Association shall not indulge in any political activity, or allow its funds and/or premises to be used for any political purposes.

The Association shall not raise funds from the public for whatever purposes without prior approval in writing from the Registrar of Societies and other relevant authorities.

Amendments to Rules

No alteration or additions to these rules shall be made except at a general meeting, and they shall not come into force without the prior sanction of the Registrar of Societies.

Interpretation

In the event of any question or matter arising out of any point which is not expressly provided for the rules, the Committee shall have the power to use their own discretion.

Dissolution

The Association shall not be dissolved except with the consent of not less than three-fifths (60%) of the members of The Association, for the time being resident in Singapore, expressed either in person or by proxy, at a general meeting to be convened for that specific purpose. In the event of The Association being dissolved as provided by above, all debts and liabilities legally incurred by The Association shall be fully discharged, and remaining funds will be donated to a like Society, such as World Federation of Chiropractic or applied to any recognised charitable organisation within The Republic of Singapore. Notice of dissolution must be made within seven days of that dissolution to the Registrar of Societies.

TCA(S) Adopted Scope Of Practice

The following scope of practice has been adopted by our Association:

The scope of chiropractic practice encompasses any professional service reasonably performed by a chiropractor within the practice of chiropractic for which the chiropractor is deemed to be duly qualified, and are not excluded under medical or acupuncture registration acts.

The practices and procedures which may be employed by Doctors of Chiropractic are based on the academic and clinical training received in and through accredited chiropractic colleges, recognised postgraduate programs and the current standards of best practice. These shall include the use of diagnostic, analytical and therapeutic procedures, specifically including the adjustment and manipulation of the articulations and adjacent tissues of the human body, particularly of the spinal column; included is the treatment of intersegmental disorders for alleviation of related neurological aberrations.

Patient care and management is conducted with due regard for environment, behavioural and nutritional factors and may include advice, rehabilitation, therapy and referral, where indicated, to assist in the restoration and maintenance of neuromusculoskeletal integrity and homeostasis.

Registered chiropractors are primary contact health care practitioners and as such they are competent in, and have responsibility for, diagnosis, management and care of their patients.

Singapore's Chiropractic History

Chiropractic was established in Singapore in 1978 by an American, Dr. Carol S. Elder-Birnbaum, when she received the first employment pass issued to a Chiropractor in Singapore. This was after spending approximately one year in bureaucratic tussles.

For many years it remained the only bona fide chiropractic clinic in the city-state. In the early 80's, there were some associates in the clinic for short stints. During the period 1983-1985, two additional American DC's joined the practice, Dr. Stanley M. Martin and Dr. Janet Ruth Sosna. It was during this period that Drs. Elder, Martin, and Sosna formed the association, getting its registration as a society in January 1988.

Dr. Martin retired later in the same year; Dr. Elder-Birnbaum retired in 1992. Dr. Sosna continues in the practice, having become a naturalized citizen, and remains active in The Association.

1992 was a great step forward for the profession in Singapore with the opening of two additional clinics, in August, Chiropractic Care Pte Ltd, by Dr. Robert Wasserman (America) and December, by a Hong Kong businessman opening a natural health care concept centre, Humana Health Care Centre Pte Ltd, employing two expatriate chiropractors and other complementary practitioners.

Before the end of the decade, the profession expands with both an increase number of clinics hiring expatriate chiropractors, as well as the first Singaporeans to qualify overseas and return.

2000s and onwards - the profession continues to grow, and chiropractors are continuing to come and establish new practices, leave current employers and open their own clinics. More Singaporeans have studied overseas and returned to practice here.

TCA(S) engages the Traditional and Complementary Medicine Department at the MOH and is tasked with Self-regulation. In 2002, the first edition of the Self-Regulation Document is published.

2004 - The World Federation of Chiropractic held its annual Council meeting in Singapore, showcasing global chiropractic, but sadly, this had little impact on Singapore's regulating authorities.

2005 - The rapid expansion and the financialisation of chiropractic services by several clinics prompts TCA(S) to hold internal consensus meetings with the membership to enhance rules on the sale of prepaid packages of care. New rules are adopted, but not well followed by some members.

2006 - Dr. Richard Brown, Consultant Chiropractor from UK, is engaged to hold a series of workshops to revise the code of practice. Dr Brown, who is also qualified as a barrister, has significant experience in developing the code of practice for the General Chiropractic Council UK. These work shops produced drafts of a new code of ethics, disciplinary procedures, and rules for the sale of prepaid packages of care. Over the next year, these would be edited and

ratified in a series of internal workshops.

2007 - The new Code of Practice is adopted by a majority of members, including a policy limiting the sale of pre-paid packages of care to 12, a number consistent with internationally accepted guidelines for an appropriate duration of a trial of care. Following this, many members do not renew or are disqualified from renewal due to their business practises not being consistent with the new code.

The profession then splits along the lines of those who market pre-paid packages of care beyond the evidence-based guidelines of TCA(S) and those who do not.

* * *

2022 - Many Singaporeans remain naïve to the benefits of chiropractic, or as these services continue to be provided only in private healthcare settings, they remain financially out of reach to many, especially the pioneer generation, who could significantly benefit.

For most, introduction to chiropractic is by word of mouth, and increasingly social media, there is an increasing awareness as the profession grows here. Unfortunately, the increase in awareness combined with the lack of regulation has led to a situation where many unqualified people are now claiming to be chiropractors and/or provide chiropractic services.

To this end, the association maintains a professional register, in the absence of a government register, to serve the public interest, as well as establishing greater professional credibility by ensuring internationally recognised standards of chiropractic training, adherence to a strict code of professional ethics, and a high standard of professional practice. Those chiropractors who do not maintain the accepted professional standards will not be eligible for membership.

Code of Ethics

Purpose

The Code of Ethics (“the Code”) of The Chiropractors Association (Singapore) sets out standards of conduct and practice expected of its Doctors of Chiropractic (hereafter known as chiropractors). The Code is not an exhaustive set of rules and conduct not specifically covered will be judged in relation to what is considered the current sound practice of a reasonable and competent chiropractor.

Principles

The Code is founded on the principle that the welfare of the patient is paramount. It also assumes that chiropractors are personally responsible for their actions regardless of the clinical environment in which they work. In terms of practice, any action must demonstrate competency and safety to be deemed acceptable practice in the care of patients. Actions must also be considerate of environmental, societal and cultural values prevailing at the time.

Outline of the Code

The Code is divided into three main sections:

- Duties owed to the patient
- Duties owed to the public
- Duties owed to the profession

Duties owed to the Patient

Freedom to choose patients

Chiropractors are free to choose who they accept or reject as patients.

If a patient presents as an acute case and the chiropractor is unable to undertake treatment or care, the chiropractor should make whatever onward referral is necessary as soon as is practicable.

Respect

Chiropractors shall listen to patients and shall respect their views and opinions in respect of their health. They will treat patients with courtesy and consideration.

Chiropractors shall at all times observe patient confidentiality. This duty extends to the communication of information verbally, electronically and in writing. Chiropractors shall take all steps to preserve confidentiality by adopting such practice procedures as are necessary, including training of staff members.

Any release of information should be expressly permitted by the patient and chiropractors are strongly encouraged to obtain consent for disclosure in writing.

There are exceptions to this rule of confidentiality: (a) when the chiropractor believes it is in the patient’s best interests to disclose information to another health professional or relevant agency; (b) if the chiropractor believes that disclosure to someone other than a health professional is essential for the sake of the patient’s health; (c) if the disclosure is ordered by someone having

the legal power to order it; (d) the chiropractor is advised that disclosure is required in the public interest. In all cases, other than when disclosure might endanger the chiropractor's personal safety, the patient should be informed that disclosure will be made.

Chiropractors shall respect the privacy and dignity of patients. This includes a patient's right to be treated in private and the provision of private changing facilities. When an open plan clinic is in use, a private treatment room must be provided upon request or the doctor must make a referral to a clinic that does provide private treatment rooms. Gowns should be provided for use by patients should they wish to use one. Dignity should be maintained at all times when assessing or caring for patients. This includes using appropriate language and respect for cultural or religious sensitivities or needs. A chaperone or appropriate third party should be considered wherever the proposed assessment or care may involve intimate areas or where the patient is a child under the age of 16 years.

Chiropractors shall treat patients equally regardless of their gender, lifestyle, culture, sexuality, religion, political views, social status or country of origin. At no time will they endeavour to exert influence by imposing their own views, beliefs or prejudices on a patient.

Openness

Chiropractors shall be open with their patients and encourage patients to be responsible for their health. They shall not do anything which may be seen as placing undue influence on a patient to choose a particular style of treatment and must respect a patient's right to make his/her own decision.

They will be open with patients as to the risks and benefits of care.

Consent

Prior to assessing or caring for a competent legally adult patient, a chiropractor shall ensure that appropriate consent is obtained. All adult patients are deemed to be competent unless demonstrated otherwise. It should be recognised that patients give consent to some procedures and not others. The giving of consent is a process, not a one-off event. If the chiropractor is in doubt he/she should always check that consent from the patient is still valid.

Patients need to be given adequate information to decide whether they will give their consent; this should include information on reasonably foreseeable risks and likely benefits, and appropriate alternatives to chiropractic treatment.

Consent may be given in writing, verbally or non-verbally. Regardless of how consent is obtained, chiropractors are encouraged to record the fact that consent has been given. It is not appropriate to seek written consent prior to assessment, treatment or care being explained fully to the patient. Where appropriate, separate consents to assessment and treatment should be recorded.

Children who are able to fully understand the proposed procedure are able to give their consent, although ideally the parent of the child should be involved. If a competent child gives

their consent, it cannot be over-ridden by the parent.

Except in rare circumstances, patients are able to refuse care, even if this means that it may cause harm to the patient.

No one is able to give consent on behalf of an incompetent adult; however, a patient may still be treated if it is considered in their best interests.

Honesty

Chiropractors must be honest in their dealings with patients.

In particular, chiropractors shall not overstate the gravity of a condition, nor encourage a patient to pursue a programme of care against their will or not in their best interests.

Chiropractors shall be honest about the realistic prospects of success and will not make claims that cannot be substantiated.

Use of the doctor title is permitted provided that a chiropractor makes it clear that they are a doctor of chiropractic.

Chiropractors should be honest in their financial and commercial dealings.

Trustworthiness

Chiropractors must remember that the relationship between chiropractors and their patients is based on trust and that the welfare of the patient is paramount. They should not exploit the trust and dependence of a patient on their care.

In particular, they should not use their position to pursue any inappropriate relationship with a patient or any close relative of a patient. While friendships may develop between the chiropractor and the patient and their family, such trust shall not be abused and confidence shall be preserved.

Communication

Chiropractors must communicate clearly with their patients in a way which they can understand. They must be particularly careful when communicating information about their condition and proposed care so that the patient is able to give valid consent. They must be aware of language difficulties in the region. Consideration should also be given to disability and communication difficulties arising from this.

Chiropractors should communicate their findings from ongoing assessments, treatment and care. They should recognise that communication is a two-way process and be perceptive to patient behaviour that might suggest further investigation might be necessary.

Written communication should be clear, unambiguous and must contain all relevant detail to assist another health professional to make decisions about the patient's health care.

Record Keeping

Chiropractors shall make legible, accurate and attributable records which are an accurate reflection of every patient interaction. Such records may include (but not be limited to)

appropriate documentation in relation to the case history, examination findings, progress, examination and assessment findings, treatment undertaken, advice and recommendations and a plan of management.

Such records should be made promptly and in a form that allows the patient to be readily identified. Consent to assessment, treatment and care should be recorded.

Assessment and Care of Patients

Prior to starting a programme of care, a chiropractor must ensure that they have undertaken such a clinical assessment as is necessary to determine the nature of the presenting condition, the prognosis, the foreseeable risks and benefits, any factors that may affect that patient's response to care. This will involve the taking of a thorough case history which shall be recorded in the case records.

Such physical examination methods will be used as are necessary to determine more thoroughly the nature of the presenting complaint. Any referral for further investigations (e.g. diagnostic imaging) will be undertaken with due consideration for the patient's best interests and the relative risks and benefits of any given investigation. Chiropractors shall not undertake repeated x-ray investigations without adequate clinical justification.

A diagnosis, clinical impression or rationale for care shall be documented in the case record in language that is understandable to another chiropractor.

Chiropractors shall consider all of the information about a patient and make ongoing decisions about their prospects for improvement, risks and benefits of care, need for referral and long term health goals. Chiropractors are encouraged to document these decisions.

Chiropractors shall regularly review and reassess their patients at intervals not less frequently than every twelve treatment sessions. This review shall be recorded in the patient's records.

Access to Records

Where requested by a patient or by a third party but with the patient's written consent, records should be made available. This disclosure should be made within a reasonable time (in most cases this will be less than 21 days from the date of the request).

Chiropractors are encouraged not to disclose original records but to make photocopies.

Chiropractors must keep records securely and must retain them for a period in accordance with the Singapore law.

Chiropractors should make contingency for the safe keeping of their records in the event of sale or closure of their practice.

Termination of Care

Prior to terminating patient care, a chiropractor must ensure that a patient is fit to be discharged or, in the case of patients still requiring care, that all reasonable attempts have been made to refer a patient to another health professional. Case records should be provided promptly if requested.

Insurance

All chiropractors are encouraged to maintain professional indemnity insurance.

Duties owed to the Public

Health promotion

Chiropractors should act as health care professionals and take responsibility for the promotion of health, the prevention of illness and the alleviation of suffering within the wider community.

Conduct

Chiropractors shall act at all times in a manner that will not adversely affect public confidence. In particular, they shall comply with all laws, orders and regulations of Singapore that shall at any time be in force.

Chiropractors shall act in a manner consistent with their place in society and reasonable and responsible citizens and shall not engage in any activity that may be considered contrary to the public's best interests.

Chiropractors shall not engage in any marketing or advertising activities that are contrary to existing codes or guidelines.

Chiropractors shall not engage in any activity which may undermine the public's confidence in the profession.

Chiropractors shall be liable for any marketing and advertising activities by third parties engaged on their behalf that are contrary to the existing codes or guidelines.

Chiropractors who act as expert witnesses must recognise that their duty is to the Court and act with impartiality and professionalism at all times.

Chiropractors shall recognise their duty to the public by bringing to the attention of the association or public body any chiropractor who engages in illegal activity.

Conflict of Interest

Chiropractors who hold any form of public office shall avoid any conduct which may be deemed a conflict of interest between their professional and public duties.

Protection of Reputation

Chiropractors shall at all time act in a manner that does not lessen the reputation of the profession in the public eye. Conduct which may include illegal or irresponsible behaviour, whether or not that behaviour is related to their practice as a chiropractor, is likely to cause public alarm or concern in relation to the chiropractic profession.

Health Considerations

Chiropractors have a duty to protect the public; should they, in the discharge of this duty, have concerns about their own or another chiropractor's health they should report their concerns to the association, in the case of another chiropractor, after first discussing the issue with the chiropractor concerned.

In accordance with Singapore law, all reportable / notifiable illnesses must be reported, overriding the patient's right to confidentiality.

Health and Safety

Chiropractors shall manage their practices in accordance with any health and safety legislation that may at any time be in force. In doing so, they are encouraged to undertake and document a risk assessment and should have in place a procedure for dealing with any emergencies.

Every attempt shall be made by the chiropractor to avoid the risk of spread of infection.

Protection from Incompetence or Misconduct

Chiropractors should protect the public by reporting to the association any chiropractor whose conduct or competence is in question after having made every attempt to establish the facts of any particular case upon which the belief is based.

Duties owed to the Profession

Integrity

Chiropractors shall at all times act with integrity and not participate in any activity which may adversely reflect on the association and profession. They shall at all times act in accordance with the principles and objects of the association.

They shall recognise that at all times their conduct and competence may be subject to adverse public scrutiny and such will avoid all circumstances which may make it so.

Chiropractors shall not publicly criticise the association nor allow or encourage a third party to do so.

Public Confidence

Chiropractors shall respect and uphold high standards and maintain public confidence in the profession by not engaging in any act or omission likely to damage its reputation or interests.

Chiropractors shall abstain from making bizarre or unsubstantiated claims about their treatment or its efficacy that if proven false may adversely affect public confidence.

Chiropractors shall not make any uninvited approach to individual members of the public with a view to recruiting them as patients. They are permitted to advertise in accordance with the guidelines of the association and any public regulations in force at the time. They are also permitted to undertake lectures and presentations to schools, groups, societies of associations subject to compliance with the code of ethics.

Working with Colleagues

Chiropractors shall work with colleagues in a way that respects diversity of style and culture. In particular, they shall not unjustly criticise a professional colleague or his /her style of practice.

Chiropractors should recognise the need for lifelong learning and development. In facilitating this need they are encouraged to assist colleagues in acquiring and developing knowledge that they might better serve the public in the practice of chiropractic.

Chiropractors shall not engage in the teaching of chiropractic skills to non- chiropractors. Chiropractors employed in chiropractic teaching faculties must ensure that they possess the skills necessary to undertake this activity, and that those students they teach are properly supervised and, where necessary, insured.

Chiropractors should treat professional colleagues with respect and not engage in disputes that may potentially harm the interests of the association or the profession. Where differences of opinion exist, chiropractors are encouraged to engage in mature debate and promote constructive discussion for the benefit of the wider profession.

To ensure the integrity of the profession, should a chiropractor believe that another chiropractor is practicing in breach of the code, it is suggested that they first approach the chiropractor in a constructive manner and discuss their concerns and provide the chiropractor with the opportunity to respond.

Working with Other Health Professions

Chiropractors will be seen to represent the association when they work with other health professions. In doing so, they are encouraged to maintain the highest standards of professionalism and abstain from conduct that may reflect poorly on the association.

Where a chiropractor is working as part of a healthcare team, he/she remains responsible for his/her acts or omissions in relation to patient care.

Delegation

Where a chiropractor delegates professional responsibility to a third party (e.g. a rehabilitation trainer, clinic receptionist or practice assistant), he/she should ensure that the third party is competent to undertake the delegated duties. Where the third party is not a chiropractor, responsibility for the third party lies with the chiropractor delegating the duties.

Chiropractors employing chiropractic associates have a duty to satisfy themselves that they are properly qualified and have in place all employment papers to allow them to work legally in Singapore.

Soliciting of Patients

Chiropractors shall not engage in any activity which might be seen to encourage a patient to leave their existing chiropractor (or any other related health professional) with the intention of persuading that patient to become the chiropractor's patient.

Code Of Disciplinary Procedure

Disciplinary Officer

The executive committee of the association will nominate a Disciplinary Officer (DO) to receive and consider complaints made by members of the public, public organisations or individual chiropractors. He/she shall be independent and will not be part of the executive committee of the association. The role of the DO will be to administer and undertake a disciplinary investigation into the complaint.

The Disciplinary Process

Upon receipt of a complaint the D.O. will:

1. Acknowledge the complaint and obtain in writing the details of the complaint by the complainant. He will also gather further relevant information as he sees fit pertaining to the complaint.
2. Inform the chiropractor at the earliest opportunity of the nature of the complaint and invite him to submit his observations within 21 days.

On the basis of all of the information received, including the chiropractor's observations, he will decide (within a further 21 days) whether there is a case to answer.

If the DO considers there is no case to answer, he will write to both parties advising them of this and the matter will be closed.

If the DO decides that there is an apparent breach of the code, he will write to the chiropractor informing him/her of his decision, setting out his decision in writing and the reasons for that decision. At that stage, the following options shall be available:

- a) To issue a fine and a written admonishment to the member not exceeding \$500;
- b) To refer the case to the Disciplinary Committee. The decision to refer will be based on the perceived severity of the case and where the likely sanction on conviction would not be suitable for a fine not exceeding \$500.

Disciplinary Committee

The association shall appoint a disciplinary committee (DC) consisting of professional and lay members. Professional members shall be appointed by the executive committee, shall be of good standing and have been qualified not less than five years. Lay members shall be appointed by the executive committee and shall preferably have had experience of previous committee work. The constitution of any hearing of the DC shall be a minimum of three members and a maximum of five, at least one of whom shall be a lay member. A chairman of the DC shall be appointed by the executive committee. Members of the committee with any association with the respondent chiropractor shall declare an interest and shall be prevented from forming part of the committee. The Disciplinary Committee shall meet from time to time at a date agreed and specified by the D.O.

The DC shall consider the facts of the case and all available information, including a summary of the case provided to them by the DO. Once the case has been considered they will decide by a majority whether the complaint has been upheld or rejected. The decision of the DC is final. The

decision of the DC shall be given in writing and will be sent to the respondent chiropractor, the DO and the executive committee.

Sanctions Available

If the complaint is upheld, mitigating circumstances will be invited by the DC. Upon consideration of the mitigation, the DC will have the following sanctions available to it:

Admonishment;

Fine not exceeding \$1000;

Suspension from the association for a period not exceeding 6 months.

Expulsion from the association. An expelled member shall not be eligible to reapply for membership for a period of 18 months from the date of expulsion.

Appeals Process

The respondent shall have the right to appeal against the decision and sanction of the DO and request that the case be heard by the DC. The decision of the DC is final, although the sanction may be appealed and referred to an independent arbitrator (who may or may not be a member of the association) who will decide on the facts whether the sanction is proportionate. The arbitrator may reduce the sanction but cannot increase it. The decision in respect of sanction of the arbitrator is final and there is no further right of appeal.

Advertising Directives, Promotional Activities & Publicity

Chiropractors may publicise their practices, or permit another person to do so, providing that the advertisement:

1. does not bring disrepute to Singapore or any health-related profession in Singapore or elsewhere
2. that it complies with the general law in force in Singapore; any overseas advertisement must comply with requirements in those countries and, if these circulations are available in Singapore, also the advertising directives of The Association

Like advertisements of other health-related professions, it must be objective, relevant, up-to-date, accurate and factual.

Members should conduct themselves in a manner expected of a professional and respect their code of ethics when publicising their services.

The publicity shall contain nothing, nor be in a form nor be published or circulated which, in the light of generally prevailing standards of decency and propriety, would be likely to cause serious or widespread offence or to bring the chiropractic profession into disrepute.

The publicity of a chiropractor shall not be misleading or inaccurate in any way, and be worded in such a way that it does not abuse the trust of members of the public nor exploit their lack of experience or knowledge, either in matters of health or of chiropractic services.

Advertisements shall not contain any laudatory statements (including statements of prominence or uniqueness) or superlatives to describe the services or clinic. No claim shall be made of superiority in services or personal qualities or skills over others, nor comparisons, whether direct or implied, between other chiropractors or other health professionals.

No claims shall be made by the chiropractor that the chiropractor is a specialist or an expert in a particular field unless this has been gained at a recognised institution or a recognised postgraduate course. It is up to the chiropractor to provide this information to The Association.

Any statement about the efficacy of services provided must be capable of being substantiated and be in accordance with prevailing accepted standards of best practice of chiropractic.

The design, size, lettering, colouring, degree of illumination, material and other physical details of the publicity used by a chiropractor (for example, but not by way of limitation, name-plates, signs identifying professional premises, professional stationery, directory entries, professional announcements, and advertising for staff) shall be consistent with a professional approach towards the provision of information to members of the public.

Chiropractors shall not publicise their services by making any unsolicited and direct approach to a private individual who is not a patient, whether in person, or by mail, telephone, fax or other form of communication.

Chiropractors may approach representatives of organisations such as firms, companies, schools, clubs or other health professionals to publicise their services.

Chiropractic services shall not be advertised in the form of any sales campaign (including door

to door sales), exhibition, competition or any other activity (including health screenings, lucky draws, fund-raising activities) in such a manner as to introduce, publicise or promote a clinic or any of its services, except with prior approval by the ethics committee.

A member may consent to be interviewed, at the unsolicited request of any print or broadcast media organisation, whether in his/her professional or private capacity, provided that the interview is not such as to publicise his/her clinic to the general public. Publicity about a chiropractor or a practice which arises through, or from interviews with representatives of the media, and which may be regarded as likely to bring the profession into disrepute, should be avoided. A chiropractor should wherever possible request access to the article, statement or interview before publication or broadcast in the attempt to ensure that it does not contravene the provisions of the advertising directives.

Internet advertisement must only contain the information otherwise permitted on paper. Correspondence or provision of professional information shall not be conveyed over the internet, nor consultation or advice to any member of the public in such a manner as to amount to soliciting or encouraging the use of services provided by or at a chiropractic clinic.

Chiropractors shall not use a name for a practice which may be misleading or cause confusion with similar names for the practice of other chiropractors or other health professionals.

Chiropractors shall not use any title or qualification in such a way that the public may be misled as to its meaning or significance. In particular, chiropractors who use the title “doctor” and who are not registered medical practitioners shall ensure that, where appropriate (for example, in any advertisements and in their dealings with patients and other health professionals) they make it clear that they are chiropractors and not registered medical practitioners.

Advertisements of clinics may contain name of clinic and practitioner, their recognised qualifications, principal area of practice including examination and treatment methods, business address, telephone number and business hours and holidays, handicap access and arrangements in the clinic. Signboards may only contain the name of the clinic and the doctor and the logo of the clinic, whilst nameplates may furthermore include the business hours.

A Chiropractor who is associated with the development or promotion of devices, books, or products offered for commercial sale, is responsible for ensuring that these are presented in a professional and factual way. Any claims regarding performance, benefit, or results shall be supported by scientifically acceptable evidence.

A chiropractor who has a financial interest in the sale or use of a product shall be sensitive to possible conflict of interest in the promotion or endorsement of such a product and avoids compromise of professional responsibilities and objectives.

The Association does not endorse the sale of treatment packages, but in view that some of our members are selling them, a separate policy shall govern these. Please see the Prepaid Packages Policy Statement.

Standards of Care

As any other group of professionals, it is our responsibility to conduct our practice according to standards of proficiency that are expected of all chiropractors graduated from accredited institutions, and as such it is expected that we are competent to select and substantiate what is appropriate patient management. The universities and chiropractic colleges are accountable to regulatory bodies in their respective countries, and the only control The Association is able to exert in this respect is to demand that members have graduated from an accredited institution.

The focus of self regulation, therefore, is on the established chiropractors that are members of The Association. As chiropractors we have a professional specialization of the health and disorders of the musculoskeletal system. We are capable of working independently and responsibly, and our actions towards self-regulation reinforces our role as professionals among the mainstream health care providers in Singapore.

Chiropractors are, however, like other health care providers, being scrutinized and are expected to provide evidence for the efficacy of the care they deliver. It is therefore thought to be of utmost importance that we have internal guidelines that show our intent and that strengthen our commitment to our stated governing principles of best practice towards “the greatest good for the patient” (*From the Code of Ethics*).

If appropriate standards of practice are not maintained or if complaints are expressed about the services provided by a member, it is also our concern to ascertain what went wrong and to determine the cause. The action taken is decided by the disciplinary officer/ committee, and should be aimed at being supportive to the doctor wherever this is possible, providing that doctor with constructive help and suggestions to rectify any problems identified.

This suggests that we should aim at embracing continuing chiropractic education, personal professional development, and quality improvement methods for providing best patient management. Although there are limits on what a small association can provide in terms of continuing education, (CE), we should aim at using locally available resources that may be relevant to our members, as well as scheduling or partnering other regional associations for in-person or online webinar programming. Upgrading clinical skills and knowledge ultimately remains the duty of the individual chiropractor, however TCA(S) does require 8 hours of CE annually for renewal of membership.

There are several clinical guidelines available for chiropractors, the most comprehensive one perhaps being the Mercy guidelines (Haldemann, Chapman-Smith, Petersen: *Guidelines for Chiropractic Quality Assurance and Practice* Parameters, Proceedings of the Mercy Center Consensus Conference, Aspen Publication 1993).

Bearing in mind that these are nearly 30 years old, current credible literature and research findings published since should be taken into consideration.

See Best Practices Recommendations for Chiropractic Management of Patients with Neck Pain, Whalen et al, JMPT 2019, [https://www.jmptonline.org/article/S0161-4754\(19\)30008-9/fulltext](https://www.jmptonline.org/article/S0161-4754(19)30008-9/fulltext)

And Clinical Practice Guideline: Chiropractic Care for Low Back Pain, Globe et al, JMPT 2016, [https://www.jmptonline.org/article/S0161-4754\(15\)00184-0/fulltext](https://www.jmptonline.org/article/S0161-4754(15)00184-0/fulltext)

The principal aspects of proficient practice are governed by what is the current sound practice of a reasonable chiropractor. It is expected that good systems, good data and good records are used, beginning with the clinical assessment of the patient, structured so as to support and lead to an evaluation of the health status of the patient, including their psychosocial health.

This is to enable a decision to be made as to the prospects for benefit (or otherwise) of treatment. It should also identify contra-indications to treatment as well as patients who would be better served by another discipline.

Written records shall be made of the case history with details of any examination, treatment or advice. Patients should be asked to prepare appropriately for examination and treatment. Gowns or shorts should be made available for use by patients. Before commencement of any assessment, examination or treatment, prior consent on or on behalf of the patient must be obtained and where appropriate a chiropractor must recognize when it is appropriate to have a third party present.

For the purpose of the physical examination a chiropractor is required to operate to a standard of proficiency which establishes the nature of the patient's presenting complaints together with any contra-indications and warning signs as well as the natural history and prognosis of the condition. The physical examination should elicit both positive and negative clinical findings and assist in the establishment of a management or treatment plan. All procedures used or requested in the examination of a patient should be recorded in the patient's case notes. The chiropractor's assessment of the presenting complaint and the initial management or treatment plan should also be recorded in the case notes.

A chiropractor must formulate a working diagnosis or clinical impression, and document it in terms that are comprehensible both to chiropractors, and to other health professionals, expressed rationally and related clearly to the evidence from the clinical assessment. It follows that this information should form a fundamental component of the patient's record.

Any further investigations, such as diagnostic imaging or laboratory testing should be made at the appropriate establishments where such tests are carried out and interpreted. The chiropractor must also be familiar with the degree of accuracy of the information obtained and with the normal values of laboratory tests and what other indications should be considered in light of the results.

Further examinations during the course of treatment are undertaken to enable the chiropractor to determine whether to continue, modify or conclude treatment; to evaluate the perceived benefit of treatment to the patient; and to determine whether to modify the original prognosis in the light of treatment outcomes.

A chiropractor must be competent to select the appropriate treatment for the individual patient and be proficient in its delivery. A chiropractor should be competent to recognize the risks or contra-indications associated with any treatments. Informed consent should be obtained and

recorded in the file.

A chiropractor should also know and understand the theories underlying such treatments. The chiropractor should follow good risk management methods: The decision to embark on the treatment of a patient requires that a chiropractor should first determine whether it is safe to proceed with treatment in the light of any or all of the following considerations:

- whether tissues are able to withstand a given manual procedure
- whether mechanical disorders are of a type in which mechanical integrity has been breached (e.g. a fracture)
- whether there is credible evidence of an underlying disease process or concurrent condition
- whether the short-term outcome or clinical course is likely to be affected adversely by treatment

In giving advice the chiropractor should endeavour to optimise the patient's prospects for returning to normal activities and to avoid treatment dependence. In formulating such advice, a chiropractor must use a language and terminology that is readily comprehensible to the patient, ensure that the patient is told of any substantial risk involved in particular treatments or activity and that the chiropractor answers any questions truthfully and as fully as the questioner requires.

A chiropractor must be sufficiently competent to give the correct advice in relation to the following matters:

- supporting and enhancing the effects of treatment
- minimizing the likelihood of recurrence of the original complaint
- minimizing the need for further treatment
- increasing patient's control over their environment
- promoting a healthy lifestyle
- dealing promptly and fairly with patient's concerns and grievances
- seeking a second opinion

A chiropractor shall not advise the cessation of any treatment prescribed by another health professional where such cessation might endanger the health or the patient or adversely affect the management of the case.

Proficiency requires that a chiropractor should have the ability to communicate clearly with patients, colleagues, general practitioners and other health professionals. The need for clear communications extends also to the giving of a specialist opinion.

X-ray And Advanced Imaging Guidelines

Like many medical procedures, there are both risks and benefits of exposure to ionizing radiation. The benefits of X-rays are that they can be obtained quickly and are a relatively inexpensive way to rule out many serious problems and help your doctor identify the source of your problem.

The risk of X-ray is that radiation effects accumulate during a person's lifetime, and can increase the risk of some serious health conditions, such as certain types of cancer. Due to the risk of accumulated exposure to radiation, X-ray should be limited to what is medically necessary. This policy is consistent with international standards of appropriate use of X-ray and exposure to ionizing radiation.

CT Scans also expose a patient to ionizing radiation, and therefore also should be utilized accordingly.

MRI Scans do not expose patients to ionizing radiation, but are relatively expensive and the cost-benefit ratio should be discussed with the patient when appropriate.

Chiropractors have extensive training in X-ray and other diagnostic imaging. In a typical accredited educational programme, such as the sample given in the "WHO Guidelines on Chiropractic Safety and Training", a chiropractor will have 400 semester hours of course work in Radiology related subjects.

In view of all of these factors, The Association has set out basic guidelines for the appropriate use of diagnostic imaging, based on accepted evidence-based protocols. If a patient has had recent X-rays or other diagnostic imaging within the last year without significant change in symptoms or additional traumatic injury, copies of these previous studies should be obtained in lieu of additional exposure.

Several factors are considered when ordering diagnostic imaging, including previous evaluation by other health professionals or previous care received for the same problem. Your chiropractor will weigh these and determine if studies are needed.

Some conditions where there would be medical justification for X-ray or other diagnostic imaging would be as follows:

Clinical History

- Age > 50
- Significant trauma
- Neuromotor deficits
- Unexplained weight loss
- suspicion of as drug/alcohol abuse
- History of cancer
- Corticosteroid use
- Fever > 38 degree C
- Diabetes/hypertension
- Recent visit for same problem and not improved
- Patients seeking compensation for back pain
- History of surgery

Physical/clinical Findings

Dermopathy Cachexia
Deformity and immobility
Lymphadenopathy
Scars from surgeries or trauma
Motor and sensory deficit
Elevated ESR
Elevated acid or alkaline phosphatase
Positive Rheumatoid Factor
Positive HLA B27 Antigen
Serum gammopathy
Scoliosis
Inconsistent/equivocal biomechanical spinal examination findings
Evaluation of complex postural or biomechanical disorders
Limited examination due to pain

Repeat X-rays

Repeat X-ray of an area of chronic pain should be undertaken when there is substantial change in the character or pattern of pain, significant medical history, such as the diagnosis of cancer since the last films were made, when there has been new traumatic injury, or if the same type of treatment that managed a patient's pain in the past is now not effective.

The mechanical dysfunction of the motion segments of the spine, and the related reflex neurological effects that chiropractors treat, is a functional entity, and is not visible on an X-ray. Loss of normal joint motion and change of muscular stability and function without any suspected bone pathology are not generally appropriate indications for taking x-rays, neither is it appropriate to re-X-ray to evaluate post- treatment progress if the patient is making good symptomatic progress, and especially if the patient is no longer symptomatic.

Some progressive skeletal disorders or pathologies, such as moderate and severe adolescent onset idiopathic scoliosis, require periodic re-examination. Patients, particularly adolescents, with these conditions are encouraged to have/ continue concurrent care with an orthopaedic surgeon, and effort should be made to have repeat X-rays made by the same physician, clinic or hospital, for best comparison.

Spinal Screening Guidelines

Introduction

Unlike the medical, dental and legal professions, chiropractic is not well known in Singapore. One effective way to increase public awareness of the chiropractic profession is for the members of the The Chiropractic Association (Singapore) to be involved in spinal screenings. Also unlike the medical and dental professions, chiropractic is not regulated by the Ministry of Health. Because of this, what we do is closely watched by members of those professions, Traditional Chinese Medicine, the Ministry of Health, as well as members of the general public. Therefore it is of utmost importance that the methods by which the spinal screenings are conducted not appear as anything but highly professional and with only the welfare of the public as our intention and action.

Guidelines

Spinal screening is advertising and should be viewed in the same spirit of advertising guidelines previously developed by The Chiropractic Association (Singapore). However, spinal screenings' primary focus should be to educate the public about chiropractic and not to promote one's personal practice.

Spinal screening should be done at reasonable times and places. They may be done without need for prior approval of the The Chiropractic Association (Singapore), as long as screenings and displays conform to the association advertising guidelines and guidelines of practice.

Individuals involved in the spinal screenings are representing the profession and their appearance should be professional.

Persons performing the spinal screenings may only be The Chiropractic Association (Singapore) recognized chiropractors.

During a spinal screening no attempt should be made to:

- give a definitive diagnosis or any form of treatment
- promise or guarantee a cure
- deliberately attempt to scare or create a false or misleading outcome from the results of the screening
- recommend a course of treatment
- collect any fees

Any device used during a spinal screening should be an assessment tool recognized by the chiropractic profession that may be used in the practitioner's clinic on a routine basis.

If a discount is to be offered at spinal screenings, the terms and conditions must be clearly stated in writing what services are being offered and the usual price of the services offered.

No consensus could be reached on the issue of booking appointments at the time of screening. Views were that doing so would get patients to stop procrastinating over their problems and initiate useful treatment while others felt it was unprofessional and amounted to touting.

* This document was compiled using parts of the Chiropractic Association of Victoria, Australia's spinal screening guidelines and amended by consensus at a meeting held for this purpose on 29 September 2005.

Prepaid Package Guidelines

The Association does not endorse the sale of treatment packages, and to be eligible for membership in the TCA(S) Professional Register, pre-paid packages of care shall not exceed 12 visits.

At the completion of a package, if re-evaluation indicates further care is warranted, or patients wish to continue supportive or maintenance care, then an additional package of 12 visits may be offered.

In view of the fact that many chiropractic clinics in Singapore are selling large packages, we provide the following information which was adopted in August 2005 at an EOGM to set the minimum requirements for the ethical sale of prepaid packages of care.

Discounted, multiple treatment programmes must conform to the following to be acceptable:

- The patient must be provided with adequate information to make informed consent.
- Patients in acute pain are recognized to be vulnerable, and this must not be exploited.
- Doctors must never use scare tactics or other language which may be seen by the patient as indicating they are at risk if they do not undertake treatment.
- The sale of multiple treatments must not imply warranty of care in any way.
- Bundled treatment programmes must have escape clause, where patients wishing to terminate the programme for any reason are able to do so, and receive a refund of remaining visits, less the cost of utilized visits at undiscounted rate, in a timely manner.
- Treatment must be consistent with TCA(S) practice guidelines.
- Terms and conditions of the discount programme must be in writing.

Statement On Management Of Scoliosis

Scoliosis is defined as the presence of an abnormal lateral curve in the spine. Minor lateral curves develop as an adaptation to imbalances in body use such as handedness, pelvic unleveling, or leg length imbalance. Curves up to 10 degrees are common and considered normal in adults.

Of concern is the condition of Adolescent-Onset Progressive Idiopathic Scoliosis, which is a relatively common and possibly serious condition. It usually becomes obvious in the pre-teen or teen years, and is often discovered by screening at schools.

The term idiopathic means its causes are not really understood. Unfortunately, it has received relatively little research attention over the years by medical science. Chiropractic research showing ability to reduce the degree of these curves is preliminary at best. What we do know is that this condition is familial (hereditary) and more prevalent in females than males. It is a multi-faceted illness effecting neurologic, metabolic and hormonal systems, but it is most evident in the classic spinal deformity that develops.

Chiropractic care for scoliosis patients in their growth years for progressive scoliosis to moderate range to severe range should be co-managed with an orthopaedic surgeon as they may also required bracing or surgery. Because progressive adolescent idiopathic scoliosis is not a mechanical disorder, chiropractic adjustments alone will not resolve this condition.

However, it should be noted that Chiropractic adjustments are an effective form of management for associated mechanical back pain that older scoliosis patients often experience.