

Chiropractic, Health Promotion and the Potential for Synergy

KATHLEEN STACEY, DEIN VINDIGNI and PAULA STACEY

ABSTRACT: The philosophy of chiropractic draws on a paradigm of thought involving beliefs about both the body's and people's self-healing propensities. This paradigm suggests health care workers would be interested in the expertise people bring to their situation, and fostering healthy and empowering dialogue. In contrast, when chiropractors share knowledge with their patients about improving and maintaining their health, they often use a traditional health education approach based on a "one-way expert" model. This paper addresses some of the issues involved in moving beyond this model. Health promotion, an increasingly advocated approach since the 1980s, involves strategies that encompass and extend existing educative and health-promoting efforts within the philosophy of chiropractic. The different forms health promotion takes will be discussed, some brief examples of this work in relation to spinal health provided, and the steps that could occur on a national level to build the potential for greater synergy will be identified.

INDEX TERMS: (MeSH): CHIROPRACTIC; AUSTRALIA; HEALTH PROMOTION; PATIENT EDUCATION; PATIENT CARE TEAM; PATIENT-CENTERED CARE; PHYSICIAN-PATIENT RELATIONS; ABORIGINES. (OTHER): ABORIGINAL HEALTH; SPINOSAURUS; HEALTH SPINES PROJECT.

Kathleen Stacey, BAppSc(Speech Pathology), MA(Marriage, Family & Child Counselling)
Health and human services consultant
Cumberland Park, South Australia

Dein Vindigni, BAppSc(Chiro), BA(Soc Sc), MMedSc
Private practice of chiropractic
Lalor, Victoria

Paula Stacey, BSc(Chiro)
Private practice of chiropractic
Goodwood, South Australia

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INTRODUCTION

The philosophy of chiropractic has traditionally been embedded in holism: the idea that the whole is more than the sum of its parts, and that health comprises an interweaving of physical, emotional and spiritual wellness, not just the absence of disease. This is congruent with definitions used by the World Health Organization over the years, although the original 1947 definition, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" has been challenged, as it implies there is a particular state of health to which all people can aspire and that the presence of any disease or "disability" (both socially defined concepts) disqualifies one from considering oneself healthy.¹

This feature of the philosophy of chiropractic has distinguished it from mainstream medical disciplines in the past and is, in part, the reason for its survival despite political and legal opposition from its detractors. In the western world, the alternative approach to health heralded by chiropractic was health through care of the spine and the nervous system combined with a nutritious diet, regular exercise and lifestyle. The concept seemed radical for its time, but a steady shift in society's thinking has seen this philosophy rise in popularity and become recognised as one of the three main approaches to health promotion, *i.e.* the behavioural model. (The other two models identified by Labonte² and discussed below are the medical approach and the socio-environmental approach.) Indeed, it could be argued that the passion and persistence of the chiropractic profession has contributed to this paradigm shift. Do chiropractors, however, still actively embrace the ideas that inform health promotion models? If the answer is *yes*, do these ideas represent contemporary approaches to health promotion? Further, is the synergistic potential of combining chiropractic and health promotion being fully harnessed? This paper speaks to these questions.

It can be argued that chiropractors' gradual rise toward a more prominent and even mainstream position within the health arena has been paralleled with a paradoxical drift towards certain aspects of mainstream medicine of which chiropractors have historically been passionately critical.³ In succumbing to this drift, do chiropractors

continue to truly embrace holism? For example, during their clinical internship, chiropractic students are encouraged to wear white clinic jackets, and it is not uncommon for them to carry stethoscopes within view of the patients they are treating. There may also be a tendency to focus on the symptoms as opposed to the person experiencing the symptoms. In addition, the perceived position as spinal specialists may encourage chiropractors to increasingly rely upon technology in order to “more validly” measure subluxations. For example, the '90s saw the emergence and widespread use of various electronic systems of spinal analysis, such as the *Insight 7000 Subluxation Station*. This behaviour and orientation are more commonly observed within medical contexts.

Some people may consider holism equates with spending less time with patients in order to see more of them and therefore *help* more of them. Despite this positive intention, it is decidedly removed from the holistic approach, as it is generally and more widely understood.⁴ Not all human health interactions call for a comprehensive assessment of an individual's physical, emotional and spiritual well being. Clearly there are times when a structural, subluxation-oriented consultation is all that is required or indeed appropriate. But beyond this, do chiropractors genuinely take time to wholeheartedly listen to a patient's concerns beyond the presenting problem? This does not imply taking on a comprehensive counselling role, but to gain a better understanding of the context within which the person is experiencing spinal problems. This raises many specific questions, *e.g.*:

- Do chiropractors acknowledge and, where possible, address the causes of or influences on a person's ill health at home or at work when the opportunity presents itself?
- What are the patient's dietary and exercise patterns?
- What is his/her exposure to emotional, social and environmental, as well as physical stress?
- What knowledge does he/she bring to bear on the problems being experienced that can contribute to a collaborative effort to improve his/her health?
- Do chiropractors work with patients to facilitate health-promoting and sustainable changes in their lives?
- Do chiropractors encourage independency or *dependency* on their services?

A recent study by Jamison⁵ suggests that maintenance care is widely practised by chiropractors and is believed to benefit people of all ages. The study concluded that “the character of maintenance care as practised and perceived by chiropractors focuses largely, but not always exclusively, on spinal *health*” (emphasis added). It proposes that a central tenet of maintenance care is to assess, treat and possibly *prevent* subluxations. Jamison reported that a routine maintenance package always included chiropractic adjustments, often included exercise and occasionally counselling. There is an opportunity to move beyond the usual concept of health maintenance, as it appears to be practised in Australia, to further empower patients by also drawing on patients' self knowledge and self care skills to maintain and improve their health.

In reality, every practice encompasses a whole spectrum of health concerns. Different approaches are sometimes called for within the same practice setting, depending on the patient's needs and expectations, as well as the skills and philosophy of the practitioner. The philosophy and practice of health promotion, however, recognises the uniqueness of every person and aims to promote the person's health potential through a tailored approach. At an individual level, adjustments, nutritional advice, an exercise program, an empathic ear and a diverse referral network to address areas outside the chiropractic sphere are among the ingredients that can be blended in promoting patients' health.

DOCTOR-PATIENT RELATIONSHIPS

Jamison⁶ has identified various models of interaction between patient and doctor. One is the traditional, paternalistic model in which the exchange is primarily prescriptive.⁷ It is underpinned by an attitude in which the “doctor knows best” and must therefore be listened to. The flow of information is one way, and the expertise of the doctor is assumed to be pre-eminent. Although the community has been well socialised into this model, there is increasing dissatisfaction with significant aspects of it. For example, a recent *British Medical Journal* article⁸ reported that patients strongly preferred their medical doctors to adopt a “patient-centred approach” to their consultation, including good communication, partnership with their doctor and health promotion information rather than just an examination or prescription. A growing body of research (initiated in North America) has explored the impact of doctors adopting relationship-centred or autonomy-supportive approaches, indicating that

“patients showed improved maintenance of healthy behaviour change, greater satisfaction, better adherence to medication (or treatment), fewer healthcare visits, and less likelihood of initiating legal action against their physicians.”⁹ This research work is congruent with the patient-centred paradigm that Gatterman has advocated within chiropractic.¹⁰

The BMJ study⁸ supports another role identified by Jamison,⁶ one that reflects a *partnership* in which the practitioner facilitates health and healthy choices. Time is taken to listen to the person’s wisdom about their body and expertise regarding their experience, and to inform the person about their health from the practitioner’s perspective. Ideally, the person is empowered to seek solutions to his/her own health needs rather than encouraged to primarily rely on the practitioner as the principal health care giver. These concepts in their simplicity are powerful foundations for healthy people and a healthy society. The model is profoundly different in orientation to the traditional one, in that it seeks to *shape* behaviours, expectations, experiences and outcomes rather than attempt to control them.

A BRIEF OVERVIEW OF HEALTH PROMOTION

The Ottawa Charter,¹¹ endorsed at the first International Conference on Health Promotion, is the original World Health Organization (WHO) testament on health promotion. It defines it as “the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well being an individual must be able to identify and realise aspirations, to satisfy needs and to change or cope with the environment.”¹² The Ottawa Charter sounds remarkably similar to the banner of health that chiropractic has traditionally and painstakingly defended, however the practice of health promotion and the philosophies and theories on which it is based are not routinely embraced by chiropractors in Australia, despite congruent philosophies and theories being taught in undergraduate training programs.

Within the Royal Melbourne Institute of Technology course, health promotion has been an informal part of the curriculum for over 15 years. It is now formally covered within the *Contextual Health 4* semester topic based on a key text by Jamison.¹³ The approach advocated in the text is similar to the medical and behavioural approaches described below, rather than the socio-environmental approach. There is no formal inclusion of health promotion in the Macquarie University course, although subjects on epidemiology, disease states and disease prevention are included.¹⁴ It is therefore mainly through occasional continuing education opportunities that contemporary health promotion is directly named as such and specifically taught.

Health (and mental health) promotion, unlike both prevention and intervention, takes a *health* rather than a disease orientation. Rather than focusing on the minimisation or amelioration of disease or dysfunction, which are the concerns of prevention and intervention, respectively, it is concerned with:

- *Reducing inequities* that are barriers to positive health/mental health
- *Enhancing protective factors* that foster health/mental health
- *Decreasing risk factors*, which are often markers of inequity or compromised protective factors¹⁵

This requires actions beyond the individual and personal health care, and directs attention toward working with population groups or communities. Such activities are more strongly associated with the public health system, especially since the advent of the community health movement in the early 1970s in Australia.¹⁶ As clearly identified in the Ottawa Charter,¹¹ health workers engaging in health promotion need to be effective in using *advocacy* and *mediation* strategies in order to *enable* people and communities to be in a position of having greater control over their health, and therefore their lives, with action taking place on five major fronts:

- Build health public policy
- Reorientate health services
- Strengthen community action
- Create supportive environments
- Develop personal skills¹¹

In 1997, this work was reviewed at the fourth International Conference on Health Promotion, leading to the Jakarta Declaration for Leading Health Promotion into the 21st Century. Five further priorities were identified as action areas to continue moving health promotion forward:

- Promote social responsibility for health
- Increase investments for health development
- Consolidate and expand partnerships for health
- Increase community capacity and empower the individual
- Secure an infrastructure for health promotion¹⁷

Health promotion has moved beyond rhetoric and is a conceptually grounded approach with an increasing evidence base that is reported in health promotion, public health and other health-related journals and texts.¹⁸ The *challenge and opportunity facing chiropractors is to consider how they as individual practitioners and a professional group can engage more fully in health promotion*. In doing this, it is important to consider the evolution in health promotion approaches in the mainstream public health system in order to have an informed understanding of what approaches are being taken and at what level. It is not possible to address this comprehensively in this paper, however, the following provides a limited explanation.

APPROACHES TO HEALTH PROMOTION

The Medical Approach

This is the initial approach to health promotion that was taken in the mainstream health system and emerged before the advent of the Ottawa Charter. It retains a disease orientation by focusing predominantly on the “absence of disease” concept. Labonte refers to this as “medically managed health behaviour change.”¹⁹ It is directed at high-risk individuals, retains professional expertise and privilege, with success determined by a decrease in pathological symptoms or states and psychological or behavioural risk factors. The medical health promotion approach is usually practised at an individual level, although it may involve *en masse* individual involvement, such as childhood immunisation programs. In current understanding, it would be seen more as primary prevention rather than health promotion activity, or in some instances a point of overlap²⁰ (Wass,¹¹ pp. 57-8, provides an explanation of the overlap between prevention and promotion).

The Behavioural Approach

This health promotion approach became increasingly common in the late 1970s. Its underlying concern is with people taking personal responsibility for engaging in a disease-prevention and “wellness” lifestyle. Problems are defined in terms of behavioural risk factors, such as smoking, substance misuse, high-fat and high-sugar diets, unsafe sex, sedentary lifestyles, *etc.* It often retains an individualised focus directed at high-risk individuals and groups, although it is practised more generally at group and population levels, often using health education and social marketing strategies (*e.g.* the “Life be in it” campaign was a major Australian media strategy), as well as what Labonte calls “health advocacy for healthy public policies supporting lifestyle choices”²¹ (*e.g.* the banning of smoking in restaurants, shopping centres and many other public buildings). Measurement of health knowledge and behaviour change, engagement in healthier lifestyles, and implementation of healthy public policies determine success. A strong overlap with prevention remains, however there is a widening of the lens to embrace more aspects of the Ottawa Charter, including structural issues.

The Socio-Environmental Approach

The more recent approaches to health promotion grew out of a socio-political critique of the previous approaches’ lack of attention to the way societies are structured to maintain inequities between groups. This critique highlighted that health outcomes are not simply related to personal choices, but strongly related to a person’s membership of certain social groups. Wilkinson concluded that behaviour is clearly related to people’s social contexts and that “to change behaviour it may be necessary to change more than behaviour.”²² The socio-environmental approach became increasingly popularised during the 1980s, when social justice issues became more predominant. There was also a much stronger connection with health as a positive state of being at

emotional, social and spiritual, as well as physical levels. Concepts associated with it by Labonte are “connectedness to one’s family/friends/community,” “self-efficacy, psychological and social ‘wellness’” and “being in control.”²³

Problems are defined in terms of psychosocial risk factors and socio-environmental risk *conditions*. These become the targets of activity rather than specific individuals, though it involves individuals. It is usually practised at group and community levels and promotes participation and community ownership very strongly, which is also a factor in the behavioural approach. The aim is to create healthy living conditions, as well as lifestyles. Therefore, indicators of success include improved perception of health, social networks and quality of social support, as well as positive shifts in equity measures and effective community group actions.

Chiropractic and Health Promotion

The philosophy of chiropractic fits most closely with the behavioural approach, although practices are more like those used in the medical approach. A familiar example of this would include the tradition of conducting spinal care classes in a practice setting. The patient is educated about the structure and function of the spine, its relationship to the nervous system and how to maintain function through adjustments, improvements in diet and exercise patterns. It tends to be prescriptive in its approach and targeted at small groups. Success may include the patient attending for maintenance care and sometimes expressing a move towards dietary and lifestyle changes. This approach may be coupled with encouraging affirmations by the chiropractor as the patient demonstrates compliance. It reflects aspects of disease prevention and an element of health-promoting change.

Spinal care classes can and are being modified to incorporate participants’ knowledge more fully, and existing spinal health-promoting practices so they are transformed from a traditional health education to a health promotion orientation. Many of the chiropractic team members in the Spinal Hygiene Health Promotion Pilot Project reported making such changes in response to the health promotion training they received.²⁴ There is evidence that chiropractic patients would like a greater diversity of written material to be available from chiropractic clinics in order to promote their health.²⁵ Again, this is a more behavioural and individual approach to health promotion, however, there are broader examples of spinal health promotion that include advocating and implementing changes at community or environmental levels. Some of these have been set out in Table 1. A brief description of steps currently or recently being undertaken in these directions by the Australian chiropractic community is offered below.

[INSERT TABLE 1 ABOUT HERE]

HEALTH-PROMOTING DIRECTIONS IN CHIROPRACTIC

Healthy Spines Project

The proposed national Healthy Spines Project is an outgrowth of the Spinal Hygiene Health Promotion Pilot Project, which was conducted in South Australia during 1999,²⁰ and is yet to be launched by the Chiropractic Association of Australia. Like the pilot project, it involves two parts:

- First, there is a health promotion-training program for chiropractors that aims to equip practitioners with the skills and knowledge to engage in school-based health promotion work with children and school community members (*i.e.*, staff, parents, friends).
- Second, there is the school and classroom-based program, facilitated by chiropractors with support of a health promotion consultant that aims to assist schools to:
 - Build health school policy (*e.g.* backpacks, injury prevention)
 - Strengthen school community action for spinal health
 - Create supportive environments (ergonomic furniture, child-safe playgrounds)
 - Develop teacher/student knowledge and skills in relation to spinal health promotion and spinal care

The intention is to build on the outcomes of the pilot project and extend it across all states and territories of Australia over the next few years. Strategies for funding this extension have been developed and are currently being implemented; in the interim, interested chiropractors are being identified (see End Note 1).

Spinosaurus

Spinosaurus is a spinal health promotion program for school-aged children that provides interactive educational materials for teachers and their classes. It attempts to train both teachers and children about the importance of the spine as part of one's overall health. Materials cover the structure and function of the spine, how problems develop and how to care for the spine through exercises, correct postures and ergonomic interventions in the school environment. A website has been established for Spinosaurus that is being linked to other CAA-related initiatives.²⁶ Spinosaurus materials are used within the Healthy Spines Project, and this collaboration will be expanded over time (see End Note 2).

Community Clinics

The Hands-on-Health Association is a multidisciplinary group of volunteer health workers committed to providing chiropractic and other natural therapies to people who, for social or financial reasons, are unable to access these services. As people respond to treatment, they are encouraged to discover solutions to their own problems. Arrangements between HOHA and specific groups are individually negotiated to meet group needs within the capacity of HOHA volunteers.

HOH clinics exist throughout Australia, in the Philippines and New Zealand. Where the provision of voluntary health services is logistically difficult to provide, practitioners assist in train-the-trainer programs for health workers with an intimate understanding of their people's needs. In the Philippines, over 50 health workers were trained by Dr Felicity Redpath in basic myotherapy techniques to provide sustainable care to those ordinarily denied access to chiropractic and hands-on care. In 1999 over 11,000 patient visits were recorded in the Philippines. There are over ten HOH clinics and training centres throughout the world (see End Note 3).

Training Aboriginal Health Workers

Aborigines and Torres Strait Islanders represent the most marginalised people in Australia due to the impact of colonisation.²⁷ Those living in rural or remote regions have limited or are frequently denied access to most health services, particularly those provided by professions such as chiropractic that are not subsidised by the public sector. Chiropractors attached to educational institutions have begun to develop train-the-trainer programs for Aboriginal Health Workers with accreditation in partnership with Aboriginal groups and agencies. This collaborative effort involves the knowledge, traditions and wisdom of Aboriginal elders together with the skills and knowledge of western methods. These initiatives intend to empower Aboriginal people at a community level and contribute to their ongoing efforts toward taking control of their health and, therefore, their lives (see End Note 4).

THE POTENTIAL FOR SYNERGY

Combining the philosophy of chiropractic with contemporary approaches to health promotion has great synergistic potential. There are practical, philosophical and accountability bases for this. On a practical level, chiropractors have at least some of the requisite skills and access to communities through their practice settings. Chiropractors who practise health promotion may work in a cross-section of settings, such as private practices, schools, community clinics, work sites, sports teams and political parties. Chiropractors have, for instance, become increasingly politically active and outspoken in advocating for changes in state, national and international public policy and health decision-making in what has been a democratic institution dominated by medical orthodoxy.

Philosophically, there are interfaces between the philosophies of chiropractic and health promotion, as described above. Regarding accountability, the chiropractic profession, like any health profession, has a social obligation to live out its philosophy by sharing its resources and knowledge in the interests of supporting the health of the broader community, and enacting the practices described in the Ottawa Charter and Jakarta Declaration mentioned earlier.

In order to harness the synergistic potential of combining chiropractic and health promotion, a key way forward is to support health promotion practice through national initiatives. The Spinosaurus and Spinal Hygiene Health

Promotion pilot projects have both highlighted the need for chiropractic in Australia to adopt a national position on health promotion. The lessons learned from these projects have led to the proposed “Healthy Spines” project, which needs to have a national mandate and be coordinated with other initiatives, such as ongoing work on Spinosaurus.²⁸ Therefore, a key national initiative would be to ensure health promotion remains on the agenda at national and state levels. Possibilities for enabling this include:

- Develop a statement on the CAA’s position on, or vision for, health promotion
- Identify strategies for enacting this vision, with timelines for progress reviews
- Continue to identify funding sources that will enable the Health Spines project to be launched (the CAA National Board has given endorsement for the project concept)
- Continue to identify sources to enable further development of the Spinosaurus project and Hands-on-Health initiatives
- Coordination of these and other spinal health promotion projects under a national strategy for health promotion

DIRECTIONS IN THE CONTEMPORARY HEALTH CONTEXT

The tides are now shifting away from mainstream healthcare. According to one study, approximately half of Australia’s population use at least one non-medically prescribed alternative medicine, and about 20% of Australians visit a natural therapist.²⁹ A United States survey conducted in 1997 indicated that, depending on age cohort, 30-70% of the population had used a complementary or alternative medical (CAM) therapy, including chiropractic: 30% if born pre-1945, 50% if born 1945-1964 and 70% if born post-1965. Lifetime use steadily increased with people’s age, and almost half who had used a CAM therapy continued to use it many years later.³⁰ Recent government estimates are that each year 57% of Australians³¹ and 42% of Americans³² use natural therapies.

A different emerging direction is the increased focus on constructing “diagnostically related groups,” prioritising “evidence based medicine or practice” and developing “clinical practice guidelines” within the Australian health sector,^{33,34} although this is not strongly apparent in the chiropractic community or literature. In line with this direction, international and national reviews of health promotion evaluation work since the 1980s is building a stronger “evidence base” for health promotion.^{35,36} A drawback of “evidence based practice” is that it tends to privilege existing, often mainstream, approaches that have established a larger research base (the many political reasons behind this cannot be addressed in this paper) and to decrease the likelihood that innovative and/or under-researched effective approaches are supported, particularly for people in marginalised groups who have unique needs or critical issues that are complex to successfully address.^{37,38}

Pressure exists to merge with “professional” or commercial interests that measure success according to patient numbers and “prescribed” approaches, rather than facilitated, multi-faceted approaches to health care that appreciate the complex environments in which it may operate and/or in which people live. Careful consideration must be given to the implications of doing this in chiropractic, otherwise a move away from its holistic foundations may occur.

SUMMARY

For over a century, the cornerstones of the philosophy of chiropractic have included principles of holism and health promotion. Historically, these ideas provided a natural alternative to the mainstream paradigm of surgical and drug-oriented approaches to health. Chiropractors promoted health through delivering spinal adjustments and advocating a nutritious diet and regular exercise to their patients, usually in a private practice setting.

Opportunities for the chiropractic profession to engage more fully in health promotion at a personal and community level, and contribute to its evidence base have begun to emerge. As evidenced in this paper, it is slowly but increasingly responding to the broader challenges of health promotion ahead. Equipped with a sound philosophy, education and skills, chiropractors are uniquely placed to more actively build upon the foundations of holism and health promotion that the profession helped to shape over a century ago. The development of a national position on, and strategy for, health promotion will assist in supporting the individual and regional

efforts that currently exist, and contribute toward raising awareness of the importance and relevance of health promotion as part of the contemporary edge of chiropractic. This is the synergistic potential.

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END NOTES

1. If you are interested in being involved with the Healthy Spines Project, contact Dr Paula Stacey, 129a Goodwood Road, Goodwood, SA 5034, Tel: (08) 8272 4555, Fax: (08) 8351 6166.
2. More information about Spinosaurus activities is available from Dr Dein Vindigni, 12 David Street, Lalor, VIC 3075, Tel: (03) 9464 3822, Fax (03) 9465 9988.
3. More information about Australian HOHA activities is available from Dr Dein Vindigni, contact information above.
4. More information about the Aboriginal Health Worker Training Project is available from Mr Steve Blunden, CEO, Durri Aboriginal Medical Service, 51 Smith Street, Kempsey, NSW 2440, Tel: (02) 6562 1719, Fax: (02) 6562 7069.

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Table 1

SOME EXAMPLES OF CHIROPRACTIC AND HEALTH PROMOTION

ACTIVITY	EXAMPLES
Teaching patients skills to promote self-care and self-management of their illness	<ul style="list-style-type: none"> • Spinal care classes • Stretching/strengthening programs • Aerobics/hydrotherapy classes
Teaching teachers about spinal health promotion to promote better management in the classroom (e.g. structure and function of the spine; how problems develop; how to look after your spine; healthy school environments, ergonomic furniture)	<ul style="list-style-type: none"> • Teacher education
Raising community awareness about the importance of spinal health	<ul style="list-style-type: none"> • Mass media campaigns • Backpacks (Chiropack) for children
Setting up self-help groups amongst people who share a common condition in order to promote information sharing, mutual help and support	<ul style="list-style-type: none"> • Scoliosis or osteoporosis support group
Setting up social networks amongst at-risk populations such as the elderly, construction workers, sedentary workplaces	<ul style="list-style-type: none"> • The Australian Spinal Research Foundation spinal awareness van • Worksite education and ergonomic programs • Low-impact exercise programs for the elderly
Helping groups and agencies to develop the skills and resources to lobby on issues to improve health and quality of life in the community	<ul style="list-style-type: none"> • Community development • Community organisation, such as community clinics including Hands-on-Health centres • Community action
Setting up mechanisms to promote community involvement in planning and decision-making that affects the community's health and quality of life	<ul style="list-style-type: none"> • Community management of services (participating in community health and hospital boards)
Alerting individuals to their personal risk of developing illness and advising how to make changes to their style of life	<ul style="list-style-type: none"> • Spinal screenings • Spinal risk factor assessment
Targeted community programs to change health environments, habits and style of life in order to reduce health risk and strengthen healthy practices (e.g. Healthy Spines project, Spinosaurus)	<ul style="list-style-type: none"> • Exercise classes, spinal stabilisation programs • School-based health promotion programs to facilitate behavioural, environmental and policy change
Legislative change to reduce health risks	<ul style="list-style-type: none"> • Laws enforcing the wearing of protective equipment at work

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