

**Question 3. “As the best evidence available today is to use exercise rather than neck manipulation as a treatment for neck pain, please explain why UK chiropractors are continuing to use neck manipulation as a treatment for neck pain”**

1. The evidence from randomised trials of interventions for neck pain lags behind that for back pain by some way. As it stands at the moment, as an early intervention for neck pain, both manipulation and mobilisation probably provide at least some short-term benefits.
2. Chiropractors use exercise as well as manipulation and the evidence so far is that gentle neck exercise performed early in an episode of neck pain is probably more effective than rest, a collar, analgesia and information.
3. Both exercise and manipulation are options for chiropractors to include in their provision of care, depending on their experience and the individual patient’s needs.

**Question 4. “What is the GCC doing to ensure that chiropractors comply with section A2.3 of the Standard of Proficiency? For example, it would appear that the following listed approaches, which are not evidence-based, continue to be used by UK chiropractors.**

1. The definition of evidence-based care that has been published by the GCC is as follows  
*“clinical practice that incorporates the best available evidence from research, the preferences of the patient and the expertise of practitioners (including the individual chiropractor her/himself)”*.  
This is why the GCC feels able to include in the Standard of Proficiency the requirement that all provision of chiropractic care must be evidence based.
2. The definition mirrors that which is promoted within the medical profession.

**Question 5. “Can the GCC evidence any action it has taken over the past year to enforce section A2.3 of its Standard of Proficiency in respect of each of the following non-evidence based treatments?”**

1. Adjustment of the atlas, craniosacral therapy and applied kinesiology fall within the above definition of evidence-based care.
2. Appropriate use of screenings and maintenance/wellness care are acceptable aspects of the prevention of musculoskeletal disorders and (where they occur) reducing the impact they have on the health and wellbeing of patients. The fundamental concern of the GCC is that neither the advertising nor the application of these approaches should be used to
  - alarm the public/patients
  - exaggerate the benefits of chiropractic care
  - exploit the lack of understanding of the public/patientsIn the past year, the Professional Conduct Committee has dealt with three cases

