



## **Professional Policy Catalog**

As of February 5, 2026

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Approved the Professional Policy Committee Meeting (11.30.2025) and BOD Meeting 1.16.26: Pull from catalog P:2021-18 Patient Education, P:2021-19, Patient Outcomes, P:2021-22 Provider Education, Diagnostic, and Treatment Protocol and 2022-07 Code of Ethics (moving to Admin Policy)  
Approved at 11.8.24 HOD Mtg - Pull from policy P: 2021-01 Practice Management Groups

## Policies Approved in 2021

### **P: 2021-11 Stroke**

Current evidence suggests people suffering cervical artery dissection/stroke may have neck pain and or headache and seek treatment for these symptoms unaware of the underlying cause.

Vertebrobasilar artery (VBA) and carotid artery dissections, collectively known as cervical artery dissections (CAD), are rare yet well established causes of stroke. While occasionally due to trauma, they are also frequently due to spontaneous separation of arterial connective tissue.<sup>1</sup>

“The increased risks of VBA stroke associated with chiropractic and PCP visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. We found no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care.”<sup>2</sup>

“We found no excess risk of carotid artery stroke after chiropractic care. Associations between chiropractic and PCP visits and stroke were similar and likely due to patients with early dissection-related symptoms seeking care prior to developing their stroke.”<sup>3</sup>

“There is no convincing evidence to support a causal link between chiropractic manipulation and CAD. Belief in a causal link may have significant negative consequences such as numerous episodes of litigation.”<sup>4</sup>

“Data on diagnostic accuracy indicate that the pre-manipulative tests do not seem valid.” “The use of VBI tests cannot be recommended and should be abandoned.”<sup>5</sup> As such, pre-manipulative positioning maneuvers should not be considered standard of care.

Large scale studies and systematic reviews have found NO causal relationship between cervical spine manipulation (adjustment) and cervical artery dissection/stroke.

### References

<sup>1</sup>Haneline , M.T., Rosner, A.L. (2007). The etiology of cervical artery dissection. J Chiropr Med, Sep;6(3):110-20. doi: 10.1016/j.jcme.2007.04.007

<sup>2</sup>Cassidy, J.D., et al. (2009). Risk of vertebrobasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. Spine, Mar 1;35(5):595. doi:10.1097/BRS.0b013e3181644600

<sup>3</sup>Cassidy, J.D., et al. (2017). Risk of carotid stroke after chiropractic care: a population-based case-crossover study. Jstrokecerebrovasdis, Apr;26(4):842-850. doi: 10.1016/j.jstrokecerebrovasdis.2016.10.031

<sup>4</sup>Church, E.W., et al. (2016). Systematic review and meta-analysis of chiropractic care and cervical artery dissection: no evidence for causation. Cureus, Feb; 8(2):e498, doi: 10.7759/cureus.498

<sup>5</sup>Hutting, N., Kranenburg, H. A. K., Kerry, R. (2020). Yes, we should abandon pre-treatment positional testing of the cervical spine. Musculoskeletal Sci Pract, Oct;49:102181. doi: 10.1015/j.msksp.2020.102181  
*Pulled from California Chiropractic Association (CalChiro) Position Statement:Stroke 1995. Revised and approved at the November 12, 2021 HOD Meeting.*

**P: 2021-23 Provider/ Patient Relationship**

Support proposals to reinforce the importance and integrity of the provider-patient relationship and oppose proposals that would further undermine this relationship.

*Pulled from CalChiro Health Policy Position 2013. Approved at the May 14, 2021 HOD Meeting via Zoom.*

**P: 2021-24 Managed Care Reform**

1. Create additional reasonable affirmative rights for providers and enrollees in managed care plans.
2. Increase patient understanding of their rights.
3. Use premium dollars for patient care, not administrative costs or excessive profits.
4. Promote Doctors of Chiropractic as primary contact (portal of entry) providers.
5. Support parity in provider reimbursement.
6. Support fair and equitable provider contracts.
7. Remove mandates that require a provider of a panel to participate in any other plan or discount program.

*Pulled from CalChiro Health Policy Position 2013. Approved at the May 14, 2021 HOD Meeting via Zoom.*

**P: 2021-25 Dispute Resolution**

1. Enact a fair dispute resolution/IMR process and support dispute resolution processes that meet the following criteria:
  - a. "reasonable" and enforceable rules, including consequences for reviewers who consistently deny care inappropriately
  - b. adequate protections to ensure proper patient care is not denied
  - c. a test of independence by reviewers
  - d. strict timelines for decision-making
  - e. reviews performed by "like providers"
  - f. reviewers must be licensed in CA and have demonstrated competency based on adequate training and experience. CalChiro opposes any legislation that would inhibit the ability of a patient to obtain a fair and expeditious resolution of his or her grievances.

*Pulled from CalChiro Health Policy Position 2013. Approved at the May 14, 2021 HOD Meeting via Zoom.*

**P: 2021-26 Provider Neutrality**

1. Maintain provider neutrality in state law
2. Oppose legislation that should be inclusive of all providers, but specifically refers to "physician" when referencing healthcare providers generally.

*Pulled from CalChiro Health Policy Position 2013. Approved at the May 14, 2021 HOD Meeting via Zoom.*

**P: 2021-27 California Board of Chiropractic Examiners**

1. Maintain independence of state Board of Chiropractic Examiners

*Pulled from CalChiro Health Policy Position 2013. Approved at the May 14, 2021 HOD Meeting via Zoom.*

**P: 2021-28 Small Businesses**

1. Support legislation that aids the formation of new small businesses and benefits existing small businesses, except where such legislation adversely affects public health.

2. Reject legislation or regulations that would impede efficient or effective delivery of care or compromise access by imposing unfunded costs or mandates on providers.

*Pulled from CalChiro Health Policy Position 2013. Approved at the May 14, 2021 HOD Meeting via Zoom.*

### **P: 2021-29 Doulas are Essential Policy**

The California Chiropractic Association supports the right of birthing families to have both a Designated Birth Support person and a Personal Support Person of their choosing at all labors and births, including hospital births, birthing center births and home births. A Designated Birth Support Person might be a Doula. A Personal Support Person might be a partner, family member, friend, or other non-medical support person.

The California Chiropractic Association Supports the statement issued by the California Department of Public Health acknowledging that Doulas are not visitors and that hospitals should welcome Doulas in addition to one Personal Support Person.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx>

The California Chiropractic Association supports the efforts of the Doulas Are Essential California Coalition in working to gain an executive order naming Doulas as essential.

*Approved at the May 14, 2021 HOD Meeting via Zoom.*

### **P: 2021-30 Advanced Imaging Policy**

CalChiro recognizes that California Chiropractors are licensed by the Radiology Branch of the Department of Health. As such, the ability to own, operate and supervise x-rays are specifically regulated in Title 17 of the California Code of Regulations, Division 1, Chapter 5, Subchapters 4, 4.5, and 4.6. Cone-Beam Computed Tomography (CBCT) is included in this regulation as an advanced imaging x-ray modality.

CalChiro supports the inclusion of advanced imaging in institutional Chiropractic education, including CBCT, acknowledging that having access to training within an accredited curriculum ensures compliance with all regulatory agencies for licensing in California and elsewhere.

*Approved at the May 14, 2021 HOD Meeting via Zoom.*

### **P: 2021-31 Diversity & Unification in the Profession**

CalChiro recognizes and supports the diversity and full range of lawful and ethical practice of chiropractic in California. Chiropractic is a separate and distinctly unique healing profession concerned with the preservation and restoration of health with a minimum standard including but not limited to the detection, management, and correction of subluxation. We embrace the diversity of the Chiropractic profession and the various practice types, treatment styles, techniques, as well as philosophies within the profession. We believe all doctors in our profession should come together for a stronger profession that focuses on non-pharmaceutical care in order to meet the diverse needs and health goals of those we serve. CalChiro believes in the unification and advancement of the practice of Chiropractic in California.

*Approved at the November 12, 2021 HOD Meeting*

## **Policies Approved in 2022**

### **P: 2022-01 Radiographic Imaging Professional Policy**

CalChiro recognizes that California Chiropractors are licensed by the Radiology Branch of the Department of Health. As such, the ability to own, operate and supervise x-rays are specifically regulated in Title 17 of the California Code of Regulations, Division 1, Chapter 5, Subchapters 4, 4.5, and 4.6.

CalChiro supports radiographic imaging at the professional judgment of Doctor of Chiropractic as taught in accredited Chiropractic educational institutions, acknowledging that having access to training within an accredited curriculum ensures compliance with all regulatory agencies for licensing in California and elsewhere.

*Approved at the October 2, 2022 HOD Meeting*

### **P: 2022-02 Diversity, Equity & Inclusion Professional Policy**

CalChiro supports diversity, equity and inclusion within our profession and the community we serve.

*Approved at the October 2, 2022 HOD Meeting*

### **P: 2022-03 Universal Healthcare**

1. Support unrestricted (direct) access to healthcare for all consumers for necessary treatments and procedures and oppose any action that restricts patient access to necessary treatments, procedures and the patient's provider of choice.
2. If a single payer system is enacted in California, doctors of chiropractic shall be included as a category of provider and are able to provide and to be reimbursed for all services within the full scope of practice authorized by the California Board of Chiropractic Examiners.
3. All categories of providers, including doctors of chiropractic, must have, as an individual practitioner, the ability to opt-out of participation.
4. The health delivery system adopted by the state of California may not pay a doctor of chiropractic less for a service or procedure than it pays for any other licensed health care provider providing services in California. This includes all services listed in nationally recognized code books (for example, the American Medical Association Current Procedural Terminology), including those services provided by doctors of chiropractic as authorized by the California Board of Chiropractic Examiners. A third party payor may not create a chiropractic-specific code not listed in any nationally recognized code book.

*Pulled from CalChiro Health Policy Position 2013. Approved at the October 2, 2022 HOD Meeting*

### **P: 2022-04 Opioid Awareness Policy**

Non-pharmacological treatment modalities need to be considered and discussed with patients prior to the prescription of opioid medications.

*Approved at the October 2, 2022 HOD Meeting*

**P: 2022-06 Payment for Services Provided by Doctors of Chiropractic - Parity Policy**

California Doctors of chiropractic are essential health care providers, licensed to provide non-pharmacologic and non-surgical services. Nationally recognized services and procedure code books (for example, the American Medical Association Current Procedural Terminology code book) lists services and procedures for health care services including, but not limited to, physical medicine and rehabilitation codes, evaluation/management codes, radiology codes, and manipulation codes delivered by all licensed health care providers, including doctors of chiropractic. These services are included in the authorization of services by the California Board of Chiropractic Examiners for doctors of chiropractic to perform.

CalChiro supports parity of reimbursement by third party payors for those services listed in nationally recognized code books that doctors of chiropractic are authorized to provide by the Board of Chiropractic Examiners. Third party payors may not pay a doctor of chiropractic less for a service or procedure than it pays for any other licensed health care provider providing the same services in California. A third party payor may not create a chiropractic-specific code not listed in any nationally recognized code book.

*Approved at the October 2, 2022 HOD Meeting*

**P: 2022-08 Animal Chiropractic Policy**

1. CalChiro supports amending the current animal chiropractic regulation to permit direct access for animal owners to properly certified chiropractors. Our goal includes supporting legislative changes that successfully create solutions for both professions, chiropractors and veterinarians.
2. CalChiro supports removal of direct supervision requirements for chiropractors certified by the American Veterinary Chiropractic Association (AVCA) or International Veterinary Chiropractic Association (IVCA). Non-certified doctors would still require direct Veterinary supervision to maintain high standards of animal care in the state. Direct supervision should be replaced with a "letter of intent" from the certified animal chiropractor, to initiate and maintain any necessary communication with the animal's veterinarian.
3. CalChiro would like to see the California Veterinary Medical Board (VMB) and the California Board of Chiropractic Examiners (BCE) develop a list of certified animal chiropractors in the State of California. This will help identify the well trained doctors in California and help regulate who is exempt from direct supervision.

*Approved at the October 2, 2022 HOD Meeting*

**A: 2022-09 Anti-Trust Policy Statement**

1. The chiropractic profession has long suffered from illegal and anti-competitive conspiracies and boycotts against chiropractors by the medical profession. The chiropractic profession has long benefited by the vigorous enforcement of the anti-trust laws because the purpose behind our state and federal anti-trust laws is to encourage free and open competition among all competitors. It is the firm policy of CalChiro that all barriers to free, open and fair competition in the healthcare industry should be eliminated.

2. It is also the firm policy of CalChiro that neither CalChiro nor any of its component or supra-incumbent districts will be involved in any activities that are in any way inconsistent with the spirit or intent of state and federal anti-trust laws. Consistent with this policy there are certain topics that are never proper subjects for discussion and consideration at any CalChiro meeting including meetings of members, officers, directors or committees, whether formal or informal, of CalChiro or any CalChiro component or supra-incumbent district.
3. While it is entirely appropriate to meet to discuss common problems and areas of interest, it must be kept in mind that all CalChiro members are competitors and any action taken to eliminate, restrict, or govern competition among chiropractors is a violation of the anti-trust laws. CalChiro members should always keep in mind that any discussion of joint or common courses of business conduct or joint and common policies as to how or what conditions upon which chiropractic services will be offered will raise a strong presumption that the anti-trust laws have been violated.
4. Among the subjects that should never be discussed at CalChiro meetings are fees charged to patients, conditions and terms for the provision of chiropractic services, allocating or sharing of patients, and refusing to deal with a particular chiropractor, insurer, or any other purchaser of chiropractic services. Agreements among chiropractors relating to any of these subjects are usually per se violations of anti-trust laws and can lead to severe criminal and civil penalties.
5. In the event that any of these improper subjects are raised at a CalChiro meeting, the person raising these subjects should be told to immediately stop and in the event such a person refuses to stop, the meeting should be immediately adjourned. Any incident where any improper topics were raised at a CalChiro meeting should be immediately reported to both CalChiro Executive Director and CalChiro Legal Counsel.

*Approved at the 10.22.2022 HOD Meeting*

### **Policies Approved in 2023**

#### **P: 2023-01 Direct to Consumer (DTC) Prescription Drug Advertising Policy**

Chiropractic has been a drugless profession since its inception in 1895. Direct to consumer drug advertising contributes to higher health costs and overuse of prescriptions. CalChiro stands firmly against DTC prescription drug advertising.

*Approved at 11.19.23 HOD Meeting. Previously P:2018-01 Approved at 7.13.18 BOD Mtg.*

#### **P: 2023-02 Social Media Policy**

1. Individuals are solely responsible for what they post online. Before creating online content, consider some of the risks and rewards that are involved. "Keep in mind that any conduct that adversely affects CalChiro, its clients, sponsors, and its ability to secure the resources needed to fulfill its mission promises may result in disciplinary action up to and including termination or removal from your position."
2. A disassociation statement may be published by the CEO or his/her designee when the CEO or his/her designee believes the statement is injurious to CalChiro or inconsistent with its position. An example disassociation statement would be: The opinions expressed by (Member/ Staff/ Speaker) are those of the writer and do not necessarily reflect the opinion of CalChiro or any other institution or individual.

a. A social media policy statement shall be placed on any social media platforms branded by CalChiro and on CalChiro's website, and any other location deemed appropriate by the CEO or Board of Directors.

b. The CEO or his/her designee may remove or comment on any CalChiro social media platform at their discretion. Deletion or non deletion does not imply endorsement or non endorsement by CalChiro.

3. All new staff and members in any leadership position will receive, sign and return to CalChiro this Social Media Policy

4. CalChiro branded social media pages and groups shall have a home office designee as a page administrator

*Approved at 11.19.23 HOD Meeting. Previously P: 2019-01. Approved at 1.25.19 BOD Mtg.*

### **P: 2023-03 Federal Health Delivery Programs**

CalChiro supports national efforts to create equitable access, full scope of services and equitable reimbursement for like services provided by other licensed health care providers whose authorized scope of practice allows providing those like services provided by doctors of chiropractic.

*Approved at 11.19.23 OD Meeting. Previously P: 2021-16 (deleted). Pulled from CalChiro Health Policy Position 2013. Approved at the March 26, 2021 HOD Meeting via Zoom.*

### **P: 2023-04 Medi-Cal Delivery Programs**

1. Restore adult benefits to the Medi-Cal system and require those delegated entities that manage benefits to include access by adults to doctors of chiropractic.
2. Remove the 2 visit/month cap and allow 24 visits year based on clinical necessity.
3. Revise the current ICD-9/10 list of diagnostic codes to mirror those in the Medicare system and to allow equitable reimbursement for those services performed by other licensed health care providers providing similar services provided by doctors of chiropractic.

*Approved at 11.19.23 HOD Meeting. Previously 2021-17 (deleted). Pulled from CalChiro Health Policy Position 2013. Approved at the March 26, 2021 HOD Meeting via Zoom.*

### **P: 2023-05 Advertising and selling CBD/Hemp Products**

CalChiro cannot provide its members with specific advice on the advertisement and sales of CBD/hemp supplements/products other than to refer them to the Board of Chiropractic Examiners Chiropractic Rules and Regulations; Title 16 of the California Code of Regulations, Division 4, beginning at Section 301 Scope of practice: §302 (a) (2) (5). Title 16 of the California Code of Regulations, Division 4, beginning at Section 301 Scope of practice: §302 (a) (2) (5) A duly licensed chiropractor may employ the use of vitamins, food supplements, foods for special dietary use, or proprietary medicines, if the above substances are also included in section 4057 of the Business and Professions Code, so long as such substances are not included in materia medica as defined in section 13 of the Business and Professions Code. The use of such substances by a licensed chiropractor in the treatment of illness or injury must be within the scope of the practice of chiropractic as defined in section 7 of the Act. A Doctor of Chiropractic wishing to ensure legality should contact their own attorney.

*Approved at 11.19.23 HOD Meeting.*

**P: 2023-06 Healthcare Freedom of Choice**

CalChiro supports individual freedom of choice in all healthcare matters. CalChiro supports the ethical principles and practices of both Informed Choice (an individual is given options to choose with knowledge of the details, benefits, risks, consequences, and expected outcomes), and a verbal and written Informed Consent (an individual may agree to procedures interventions they have been offered, knowing the details, benefits, risks, consequences, and expected outcomes). CalChiro strongly opposes any rules/regulations or legislation that limits patient access to chiropractic care or restricts the right of licensed chiropractors being able to practice practicing to the full extent of their chiropractic license.

*Approved at 11.19.23 HOD Meeting.*

**P: 2023-07 Paper Reviews**

Review Doctors should base their paper reviews on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations; and, that Review Doctors should adequately support the statements or conclusions made in paper reviews, whether they favor the Interested Party or not; and, that when it is not feasible for a Review Doctor to conduct an examination of the patient, he or she should clarify the impact of the limited information on the reliability and validity of their reports and testimony; and, that Review Doctors should appropriately limit the nature and extent of their conclusions or recommendations in 13 paper reviews; and, that Review Doctors' paper reviews should be truthful, honest and candid, whether their conclusions favor the Interested Party or not. The reviewing doctor must hold a current, unrestricted license by the California Board of Chiropractic Examiners.

*Approved with amendments at 11.19.23 HOD Meeting. Previously P:2022-05. Approved at the October 2, 2022 HOD Meeting.*

**Policies Approved in 2024**

**P: 2024-01 Chiropractic Adjustment and/or Manipulation Adjustment Under Anesthesia**

The performance of a chiropractic adjustment and/or manipulation on a patient who is under local or general anesthesia is within the legal scope of practice for a licensed Doctor of Chiropractic, so long as the anesthesia is administered and monitored by a healthcare professional duly licensed to do so. Chiropractic adjustment and/or manipulation under anesthesia should only be performed at a duly licensed acute care facility by a Doctor of Chiropractic who is both appropriately trained and who is acting pursuant to such acute care facility's written protocols.

*Approved at the November 8, 2024 HOD Meeting via Zoom. Previously P:2021-02. Pulled from California Chiropractic Association (CalChiro) Position Statement:Chiropractic Manipulation Adjustment Under Anesthesia 1990. Approved at the March 19,2021 HOD Meeting via Zoom.*

**P: 2024-02 MD/ DC Arrangement**

CalChiro does not provide its members with specific advice on the subject of MD/DC Arrangements. It is CalChiro's understanding that there are no express prohibitions against a Chiropractic Doctor and a medical doctor working together. CalChiro recommends consulting an attorney with experience in healthcare law and MD/DC practices, regarding the proper legal structure for such a relationship. There are potential issues relating to the unlicensed practice of

medicine, fee splitting laws, business structure and other issues that must be dealt with properly so as not to create legal exposure. AB3324 Chapter 1691 (1990) addresses Doctors' of Chiropractic minority interests in medical corporations.

*Approved at the 11.8.24 HOD Meeting via Zoom. Previously P:2021-03. Pulled from California Chiropractic Association (CalChiro) Position Statement: M.D/D.C. Arrangement 1992. Approved at the March 19,2021 HOD Meeting via Zoom.*

#### **P: 2024-04 Vaccination/ Immunization Program**

CalChiro supports a conscience clause and/or waiver in compulsory vaccination laws, thus maintaining an individual's freedom of choice in this health care matter. A large percentage of the medical, scientific and public health communities recognize vaccination to be a medically and economically effective manner of prevention from certain infectious diseases. The scientific community at large acknowledges that vaccination is not without risk. CalChiro is supportive of honest, free and open dialogue regarding varying opinions on this matter. In the matter of any health care intervention, including vaccination, CalChiro supports the ethical principles and practices of both Informed Choice (an individual is given options to choose from knowing the details, benefits, risks, consequences, and expected outcomes) and a verbal and written Informed Consent (an individual may agree to interventions they have been offered, knowing the details, benefits, risks, consequences, and expected outcomes). CalChiro is opposed to potential rules/regulations or legislation that have the effect of restricting the practice rights of licensed chiropractors based on their vaccination status.

*Approved at the 11.8.24 HOD Meeting via Zoom. Previously P:2021-05. Pulled from California Chiropractic Association (CalChiro) Position Statement:Vaccination/ Immunization Program 1994. Approved at the March 19,2021 HOD Meeting via Zoom.*

#### **P: 2024-05 Chiropractic and Children**

Chiropractic care has been shown to be both effective and safe for children. There is no minimum age at which chiropractic care can begin. Supporting a developing nervous and structural system to work optimally has been demonstrated to be beneficial.

*Approved at the 11.8.24 HOD Meeting via Zoom. Previously P: 2021-06. Pulled from California Chiropractic Association (CalChiro) Position Statement:Chiropractic and Children 1995. Approved at the March 19,2021 HOD Meeting via Zoom.*

#### **P: 2024-06 Foods for Special Dietary Use**

Doctors of Chiropractic recognize that certain conditions and illnesses that a practitioner encounters in routine practice are associated, in whole or part, with nutritional imbalances originating from inside or outside the body.

Chiropractors are trained to recognize and treat nutritional imbalances through dietary means. The Rules and Regulations promulgated by the Board of Chiropractic Examiners authorizes the employment of vitamins, food supplements, or foods for special dietary use.

*References: Chiropractic Rules and Regulations (Revised October 2018); Title 16 of the California Code of Regulations, Division 4, beginning at Section 301 Scope of practice: §302 (a) (2) (5) Education: §331.12.1 (b) (c)*

(e); §331.12.2 (b); (c) (3) (8); (10) (e); §331.13 (h) (2); §361 (g) (2) (13)

*Approved at the 11.8.24 HOD Meeting via Zoom. Previously P:2021-07. Pulled from California Chiropractic Association (CalChiro) Position Statement: Food for Special Dietary Use 1995. Approved at the March 19,2021 HOD Meeting via Zoom.*

### **P: 2024-07 Fraudulent Behavior**

Fraud is the deliberate misrepresentation of the truth for monetary or other gain at the expense of a patient, insurance carrier, or other payor. Fraud may also be considered the deliberate misrepresentation of a patient's condition or expected outcome (or lack thereof) of patient management, double billing, phantom billing, unbundling, and upcoding, all of which is condemned by CalChiro. Avenues exist to investigate and, if applicable, to prosecute doctors of chiropractic for fraudulent behavior. These include filing a complaint with the Board of Chiropractic Examiners as outlined in Section 314, as well as the local district attorney's office. Further, those individuals who are CalChiro members and are found guilty of fraud will be appropriately evaluated and, if deemed necessary, disciplined according to CalChiro Code of Ethics.

*Approved at the 11.8.24 HOD Meeting via Zoom. Previously P:2021-08. Pulled from California Chiropractic Association (CalChiro) Position Statement: Fraudulent Behavior 1995. Approved at the March 19,2021 HOD Meeting via Zoom.*

### **P: 2024-08 HIV and Other Blood Borne Pathogens**

Chiropractic procedures are non-invasive and generally carry no currently recognized risk of transmission of HIV infection and other blood borne pathogens. Doctors of Chiropractic should observe universal precautions that are standard to all healthcare professions. No patient should be denied chiropractic care based on the real or perceived risk of HIV infection from blood borne pathogens. The license of an HIV-infected doctor of chiropractic should not be restricted assuming the individual is capable of performing his/her duties in a safe and responsible manner. Confidentiality of the health status of patients and staff must be maintained with disclosure limited as defined by federal, state, and local laws, statutes, or regulations.

*Approved at the 11.8.24 HOD Meeting via Zoom. Previously P:2021-09. Pulled from California Chiropractic Association (CalChiro) Position Statement: HIV 1995. Approved at the March 19,2021 HOD Meeting via Zoom.*

## **Policies Approved in 2025**

### **P: 2025-01 Chiropractic Adjustment**

CalChiro defines a chiropractic adjustment as a controlled force applied by a chiropractor to a vertebra or other anatomic structure. The intent is to correct subluxation, which enhances the nervous system performance, alleviates symptomatology, and promotes overall wellness. The chiropractic adjustment was developed by, and is unique to the chiropractic profession. It may sometimes be referred to as a chiropractic manipulative treatment, but CalChiro prefers the term chiropractic adjustment.

*Approved at the Professional Policy Committee meeting via Zoom (11.20.25) and at the BOD Meeting 1.16.26. Previously 2024-03. Previously approved with amendment at the 11.8.24 HOD Meeting via Zoom. Previously P:2021-04. Pulled from California Chiropractic Association (CalChiro) Position Statement: Chiropractic Adjustment and Spine Manipulation 1994. Approved at the March 19,2021 HOD Meeting via Zoom.*

### **P: 2025-02 Chiropractic Practice and Procedures**

Chiropractic is a science, art, and philosophy centered on patient assessment, diagnosis and treatment. It is grounded in the understanding that the nervous system is the first system in the body to develop, and is essential to the integration and regulation of all bodily functions. The practice of chiropractic focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. Chiropractors treat the whole person, not just isolated symptoms. We recognize that individuals are greater than the sum of their parts, and possess innate intelligence (the inherent ability to heal and function optimally). Understanding that multiple factors contribute to health, Doctors of Chiropractic employ a variety of treatment techniques, approaches, and modalities tailored to individual needs. Chiropractors do not prescribe medication or perform surgical procedures. Care is delivered for both specific conditions and ongoing wellness.

*Approved with amendments at the Professional Policy Committee Meeting (11.30.2025) and BOD Meeting 1.16.26. Previously 2021-10. Pulled from California Chiropractic Association (CalChiro) Position Statement: Chiropractic Practice and Procedures 1995. Approved at the March 19, 2021 HOD Meeting via Zoom.*

### **P: 2025-03 Condition Based Guidelines**

CalChiro advocates for patient-centered care that balances best evidence, clinician experience and patient preference that promotes shared decision making between doctor and patient without undue interference from third parties. CalChiro is supportive of current treatment guidelines that favor conservative care prior to pharmaceutical approaches (including but not limited to schedule 1, 2 and 3 drugs) and/or invasive procedures.

*Approved at the Professional Policy Committee Meeting (11.30.2025) and BOD Meeting 1.16.26. Previously P:2021-13. Pulled from Revised: Pulled from California Chiropractic Association (CalChiro) Position Statement: Resolution Concerning The Mercy Document 2000. Revised name from The Mercy Document to Condition Based Guidelines. Approved at the November 12, 2021 HOD Meeting.*

### **P: 2025-04 Health Reimbursement Accounts**

Any/All Health Reimbursement accounts are pretax vehicles that allow consumers to budget and have personal choice and flexibility in managing their healthcare. Supporting these plans is in the best interest of healthcare consumers

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### **P: 2025-05 Conservative Care**

Third party payers should cover conservative care modalities and should respect patient preference as a reasonable rationale for the pursuit of conservative treatment methods.

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## **P: 2025-06 Chiropractic Cost Effectiveness**

The California Chiropractic Association (CalChiro) affirms that the chiropractic adjustment/manipulative therapy when performed by a licensed chiropractor is a safe, evidence-based, and cost-effective approach to the prevention, management, and treatment of neuro musculoskeletal conditions.<sup>1,2,3,5,7</sup>

**Lower Health Care Costs:** Patients who receive chiropractic care for neuro musculoskeletal conditions experience reduced overall health care expenditures compared to those who rely solely on conventional medical care. Research has shown that chiropractic users incur lower annual health care costs, including reduced spending on diagnostic imaging and hospital admissions<sup>9,10,11,12</sup>.

**Reduced Reliance on Prescriptions:** Studies have demonstrated that patients with access to chiropractic care are less likely to fill prescriptions for pain medications, including opioids<sup>13,14,15</sup>.

**Lower Utilization of High-Cost Interventions:** Access to chiropractic care has been associated with decreased rates of spinal surgery and advanced imaging, both of which contribute to higher costs<sup>16,17</sup>.

**Improved Workforce Productivity:** Chiropractic care provides effective, non-pharmacological treatment for neuro musculoskeletal conditions, which supports faster return-to-work times and reduced absenteeism<sup>18</sup>.

### **Alignment with Health Policy Goals**

Chiropractic care is consistent with national and state health policy priorities that emphasize:

- a. Non-pharmacologic pain management as a first-line approach,
- b. Reducing prescriptions for pain management when appropriate,
- c. Improving population health outcomes while containing costs<sup>2</sup>.

CalChiro supports the inclusion and expansion of chiropractic care as an essential health benefit within public and private health plans. CalChiro further advocates for equitable reimbursement structures that recognize chiropractic's proven cost savings and clinical effectiveness.

By ensuring broader access to chiropractic services, California can improve patient outcomes, reduce health care spending, and advance a more sustainable health care system.

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