



Musculoskeletal complaints

Chiropractors as first-contact providers
in the Swiss healthcare system

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1. What is chiropractic?

University medical profession










Focus

- Diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system and their effect on the function of the nervous system and general health

Emphasis

- An emphasis on manual treatment techniques including joint manipulation

1. What is chiropractic?

	Vertebral/spondylogenic syndromes
	Cervicocephalic syndrome
	Pseudoangina pectoris
	Lumbo-/cervicoradicular syndrome
	ISG syndrome (pregnancy)
	Peripheral joint affections (OSG distortion, CTS, PHS, epicondylitis, etc.)
	Torticollis (newborns)
	Costovertebral syndrome
	Temporomandibular joint syndrome

1. Effects of chiropractic treatment

Evidence for biomechanical and neurophysiological effects of manual treatments,
in particular manipulation of the spinal joints

Pain reduction



Improvement of
joint mobility



Muscle tone
regulation, trigger
points



Postural
adjustment



The Role of Chiropractic Care in Providing Health Promotion and Clinical Preventive Services for Adult Patients with Musculoskeletal Pain: A Clinical Practice Guideline (Hawk et al., 2021);

Influence of Initial Health Care Provider on Subsequent Health Care Utilisation for Patients With a New Onset of Low Back Pain: A Scoping Review (Physical Therapy & Rehabilitation journal, 2022)

1. Effects of chiropractic treatment

Chiropractic care **improves mobility, relieves pain** and **reduces medication dependency in older adults**,
which emphasises its importance for the ageing population.

Best practices for the chiropractic treatment of adult patients with mechanical back pain. Clinical Practice Guideline (J Manipulative Physiol Ther 2022);

Influence of Initial Health Care Provider on Subsequent Health Care Utilisation for Patients With a New Onset of Low Back Pain: A Scoping Review (Physical Therapy & Rehabilitation journal, 2022)

1. Low-risk treatment

Fact	Explanation	Diagnosis
<p>There is no increased association between chiropractic care and stroke among chiropractors and general practitioners</p>	<p>The increased risk of VBA stroke associated with chiropractic care and a GP visit is likely due to patients with head and neck pain due to VBA dissection seeking treatment before their stroke.</p>	<p>Its diagnosis is difficult because of the symptoms.</p>

Risk of Vertebrobasilar Stroke and Chiropractic Care. J. David Cassidy 2008.

1. Low-risk treatment

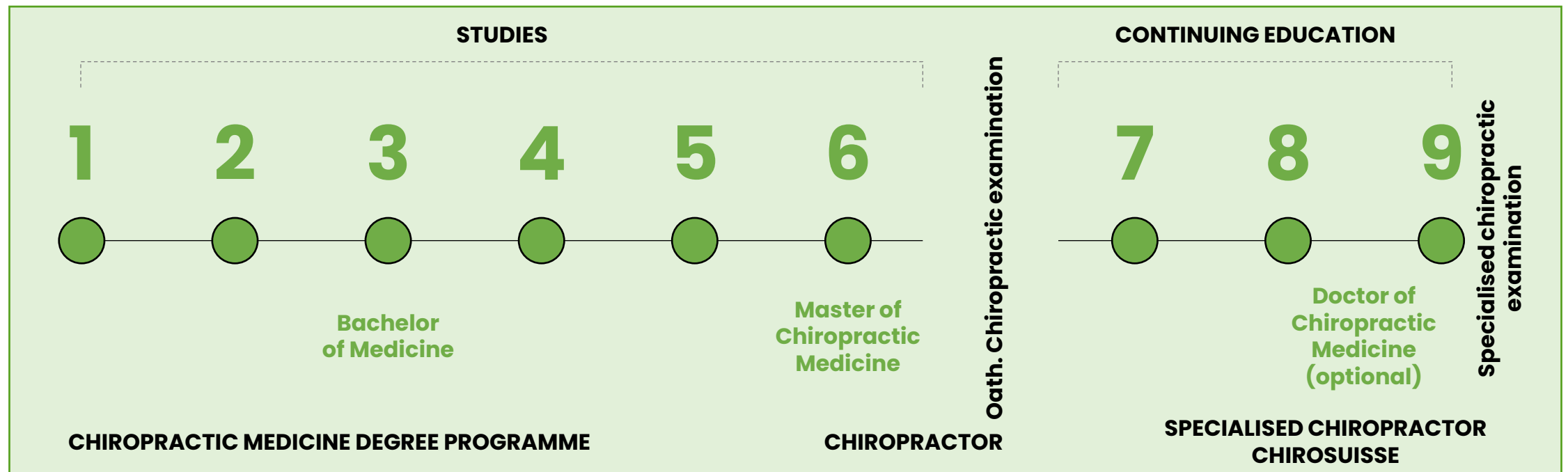
cSMT (chiropractic spinal manipulations) on the cervical spine cause much **less dilation of the vertebral artery during passive movement tests** than during normal everyday movements

Strain of the vertebral artery producing passive neck movements and spinal manipulation of the cervical spine. C. Fagundes, W Herzog, (J. of Manipulative and Physiological Therapeutics, 2024)

Different head positions showed little change in the vertebral arteries during the impulse phase. The elongations were greatest during rotation.

Kinematic of the head and associated vertebral artery length changes during high velocity and low-amplitude cervical spinal manipulation. L. Gorrell and Associates, (Chiro Man Therap 2022)

2. Education, postgraduate and continuing educ.



<https://www.chirosuisse.ch/de/aus-und-weiterbildung/>
<https://www.med.uzh.ch/de/Medizinstudium/chiropraktikstudium.html>

2. Education, postgraduate and continuing educ.

Education

Chiropractic Medicine degree programme UZH

Bachelor's degree programme

180 ECTS credits /
3 years,
Bachelor of Medicine (B
Med),
specialisation
Chiropractic Medicine

Master's programme

180 ECTS points /
3 years,
Master of
Chiropractic Medicine
(M Chiro Med)

Doctorate

not obligatory, at the
earliest 1 year after federal
examination
(Dr. med. chiro.)

2. Education, postgraduate and continuing educ.

Postgraduate training: 2.5 years

- Assistance in private practice
- Training at the *Academy for Chiropractic*
- Radiation protection examination
- Hospital rotation of at least 4 months
- Final examination to become a "*specialised chiropractor*" (necessary for independent practice)

Continuing education

- Compulsory 80 continuing education credits/year

3. Comparison with other relevant professions

	Chiropractic	Manual medicine	OMT Physiotherapy	Osteopathy
Education (*=MSK-specialized)				
Bachelor	BSc of Medicine *	BSc of Medicine	BSc Physiotherapy	BSc Osteopathy *
Master	M of Chiropractic Med. *	M of Medicine	M MSK Physiotherapy *	M Osteopathy *
Total	6 Y (360 ECTS)	6 Y (360 ECTS)	6 Y (255 ECTS)	5 Y (280 ECTS)
Add. postgraduate training	2.5 Y *	300h (≈10 ECTS) *	–	–
Medical profession	✓	✓	–	–
Diagnostic competence	✓	✓	–	–
Prescription competence (Laboratory, Imaging, Medication, Physiotherapy)	✓	✓	–	–
Insurance coverage	Basic	Basic	Basic	Supplementary
Number in Switzerland	321	1'150	296	1'461

Status: Aug 2025. Information based on: Schweizerischer Verband Orthopädischer Muskuloskelettaler Physiotherapie, Schweizerische Gesellschaft für Manuelle Medizin, Schweizerischer Osteopathieverband

4. Qualification as first-contact provider

1

Legal requirements

2

Quality management

3

Guidelines

4. Qualification as first-contact provider

1

Legal requirements

Regulated in the Federal Act on University Professions (MedBG) since June 2006.

Art. 2: The following are considered university medical professions:

- Medical Doctors
- Dentists
- **Chiropractors**
- Pharmacists
- Veterinarians

4. Qualification as first-contact provider

2

Quality management

Quality circles:
nationwide in
Switzerland

CPiRLS:
Chiropractic
Patient Incident
Reporting and
Learning System

Teach the Teacher
(mandatory
annual training for
trainers)

Compulsory
annual
chiropractors'
congress in CH

80 hours of
continuing
education per
year (50 CP
structured,
supervised
continuing
education, 30 CP
self-study)

4. Qualification as first-contact provider

3

Guidelines

Patient-centred treatment across the lifespan; older patients included

Best practices for chiropractic care of older adults (J Manipulative Physiol Ther 2017)

Emphasises the role of **chiropractors as competent first-contact providers in the treatment of musculoskeletal pain (MSP)**. Chiropractors are recognised as primary care providers, particularly for MSK complaints such as back and neck pain and headaches. Not only do they provide **effective, non-invasive treatments such as spinal manipulation and range of motion exercises**, but they also focus on **health promotion** by educating their patients on preventative strategies such as lifestyle changes and postural correction

The Role of Chiropractic Care in Providing Health Promotion and Clinical Preventive Services for Adult Patients with Musculoskeletal Pain: A Clinical Practice Guideline (Hawk et al., 2021)

4. Qualification as first-contact provider

3

Guidelines

Chiropractors are trained to **assess, diagnose and treat MSK conditions** and know when to **refer** patients to other specialists. Their **evidence-based, non-pharmacological approach to MSK care** is in line with current healthcare priorities and makes them valuable members of integrated healthcare teams. Overall, the guideline emphasises the expertise of chiropractors in the treatment and prevention of MSK disorders and **reinforces their role as first-contact provider for musculoskeletal health**.

The Role of Chiropractic Care in Providing Health Promotion and Clinical Preventive Services for Adult Patients with Musculoskeletal Pain: A Clinical Practice Guideline (Hawk et al., 2021)

4. Qualification as first-contact provider

3

Guidelines

Pulse treatments of the spine and chiropractic interventions are considered evidence-based, non-invasive treatments for chronic back pain. This fact supports the role of **chiropractors as primary care providers for musculoskeletal complaints.**

WHO Guidelines on Non-Surgical Management of Chronic Low Back Pain (2023)

Chiropractic is a safe, effective and guideline-recognised approach for the treatment of pain such as chronic low back pain, neck pain, tension headaches and osteoarthritis (knee and hip)

Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain: A Clinical Practice Guideline 2020

4. Qualification as first-contact provider

3

Guidelines

Chiropractic spinal manipulation is strongly recommended in the clinical guidelines **for the treatment of mechanical low back pain**, emphasising the role of chiropractors in musculoskeletal healthcare.

Best practices for the chiropractic treatment of adult patients with mechanical low back pain. Clinical practice guideline (J Manipulative Physiol Ther 2022)

No clear consensus of current guidelines for non-pharmacological approaches or safe pharmaceutical alternative to opioids for neck and back pain. Overall **strong convergence** towards the use of **non-pharmacological treatments** for people with **back and neck pain**.

Back and neck pain: in support of routine delivery of non-pharmacologic treatments as a way to improve individual and population health (George et al., 2021)

4. Qualification as first-contact provider

3

Guidelines

Favouring healthcare providers such as chiropractors in the initial management of MSK may **reduce opioid prescribing** and **referral to imaging**.

Influence of Initial Health Care Provider on Subsequent Health Care Utilisation for Patients With a New Onset of Low Back Pain: A Scoping Review (Physical Therapy & Rehabilitation journal, 2022)

Participants recognised the need for MSK expertise in primary care as extremely important. The **added value of integrating chiropractors** in *Toronto hospital and family health systems* for patient treatment options was **confirmed**.

Enhancing comprehensive primary care by integrating chiropractic led musculoskeletal care into interprofessional teams through supporting education, competency attainment, and optimizing integration (Kopansky-Giles et al., 2024)

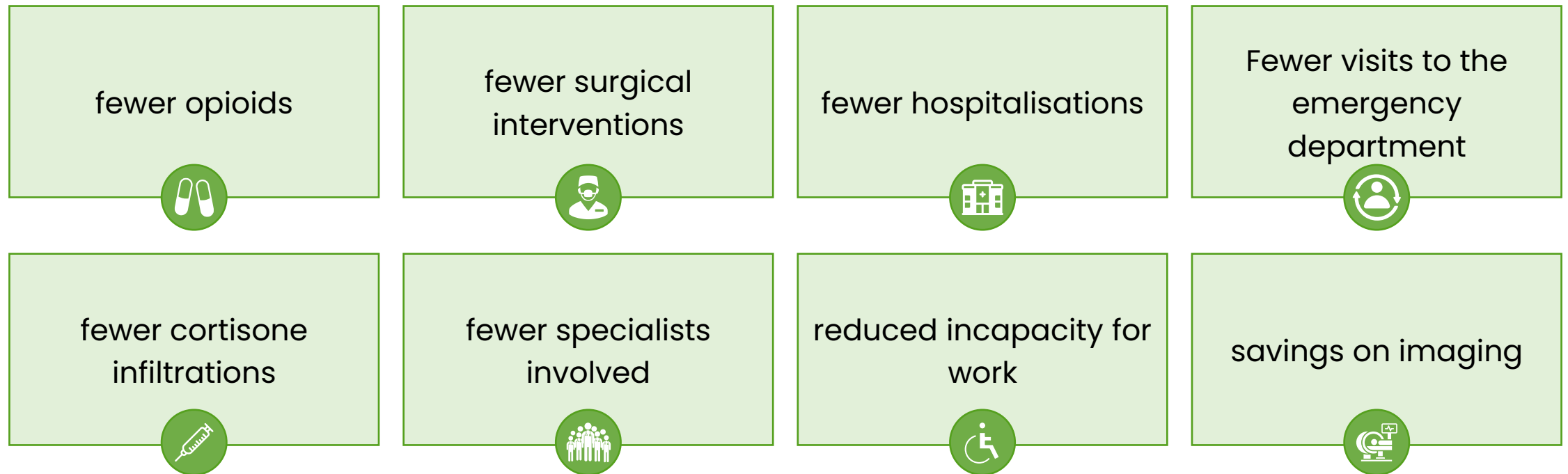
4. Qualification as first-contact provider

Although the GPs stated that they were aware of the current guideline recommendations, the treatment of acute non-specific low back pain did not comply with these recommendations.

A significant proportion of GPs considered imaging procedures, treatments (e.g. muscle relaxants, long-acting strong opioids), activity and work restrictions with potentially harmful sequences.

Diagnostics and treatment of acute non-specific low back pain: do physicians follow the guidelines? Swiss Med Wkly. 2025

5. Savings in services and costs



Appropriateness of specialised care referrals for LBP: a cross-sectional analysis, Janny Mathieu, 2024

Cost of chiropractic care versus medical management of adults with spine related musculoskeletal pain, R. Farabough et al. Broad retrospective study with large cohorts, 2022

5. Savings in services and costs

First contact with a doctor versus a chiropractor

Benefits of initial consultation with a chiropractor:



Pain reduction just as good as with a doctor. For acute (up to 30 days) patients even slightly better



Greater patient satisfaction with the treatment



Less expensive over 4 months: difference CHF 368 per patient of total costs

First contact care with a medical versus a chiropractic provider after consultation with a Swiss Telemedicine provider. Comparison of outcomes, patient satisfaction and health care costs in spinal, hip and shoulder pain patients, Howling et al. 2015

5. Savings in services and costs

Initial situation:

There are fewer GPs

Musculoskeletal complaints account for 30–40% of GP visits in Switzerland (telemedicine survey)



Reduction in the workload of GPs by 10% (with primary care provided by physiotherapists in Norway)



Cost reduction in the healthcare system

Reducing strain on primary healthcare systems through innovative models of care: The impact of direct access physiotherapy for musculoskeletal conditions – an interrupted time series analysis (James Henry Zouch, Bjørnar Berg, Are Hugo Pripp, Kjersti Storheim, Claire E. Ashton-James, Manuela L. Ferreira, Margreth Grotle, Paulo H. Ferreira, 5 September 2023)

5. Savings in services and costs

Comparative study with cost analysis for neck treatments

290,000 patients between 65–99 years, majority female, 0–1 comorbidities with neck problems (NP)



Significant cost savings over 3 and 6 months

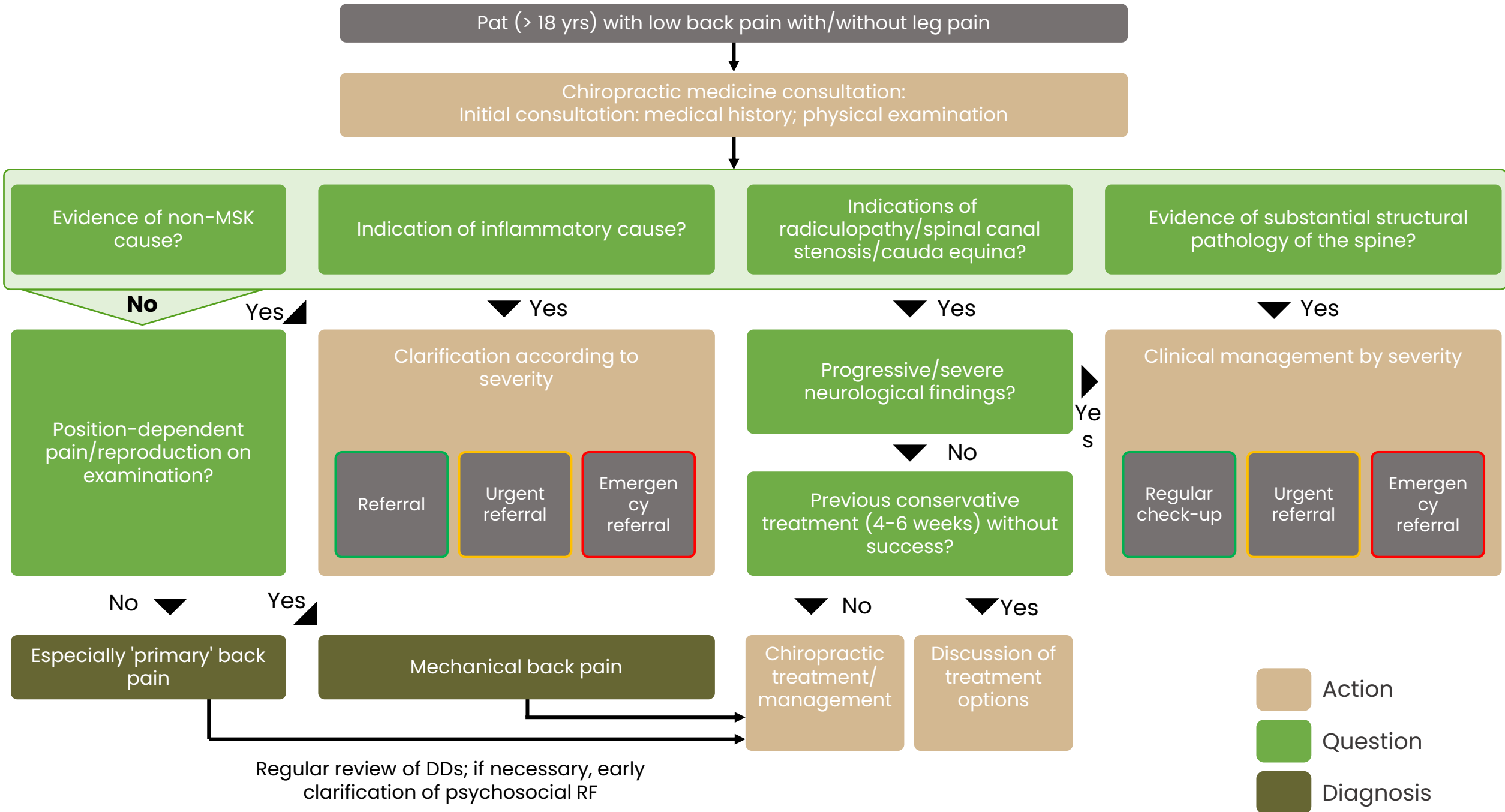


Minor cost savings when treatment combined **with pain medication**

Archives of Physical Medicine and Rehabilitation, Palmer Centre for Chiropractic Research, B. Anderson and Associates, 2025

6. Pathways to increased interprofessionalism

3 examples of triages, Balgrist University Hospital



Chiropractic treatment/management

Acute

Chiropractic treatment, focus on:

- Education
- Self-management
- Manual therapy
- Possible inclusion of psychosocial RF

Relevant improvement after max. 6 weeks?

Yes

Completion

Subacute/chronic

Indication
Imaging?

Yes

Imaging

Relevant
findings?

Yes

Specific
therapy

Indications of comorbid mental disorder?

No

No/already in treatment

Structured recording of lifestyle factors,
psychosocial RF

Chiropractic management, including lifestyle
and psychosocial factors. Referral if necessary
PT, nutritional counselling, company doctor
etc.

Relevant improvement after max. 6 weeks?

Yes

Completion

Yes

Referral

Yes

Chiropractic
co-care?

No

Completion

Action

Question

Relevant improvement after approx. 6 weeks of management taking into account lifestyle and psychosocial factors?

▼ Yes

Completion

▼ No

Multidisciplinary exchange UKB ('curve visit') regarding further procedure

Follow-up care
GP medicine / external
chiropractic medicine

Long-term care
Chiropractic UKB

Evaluation of multimodal
pain therapy
Physical medicine and
rheumatology

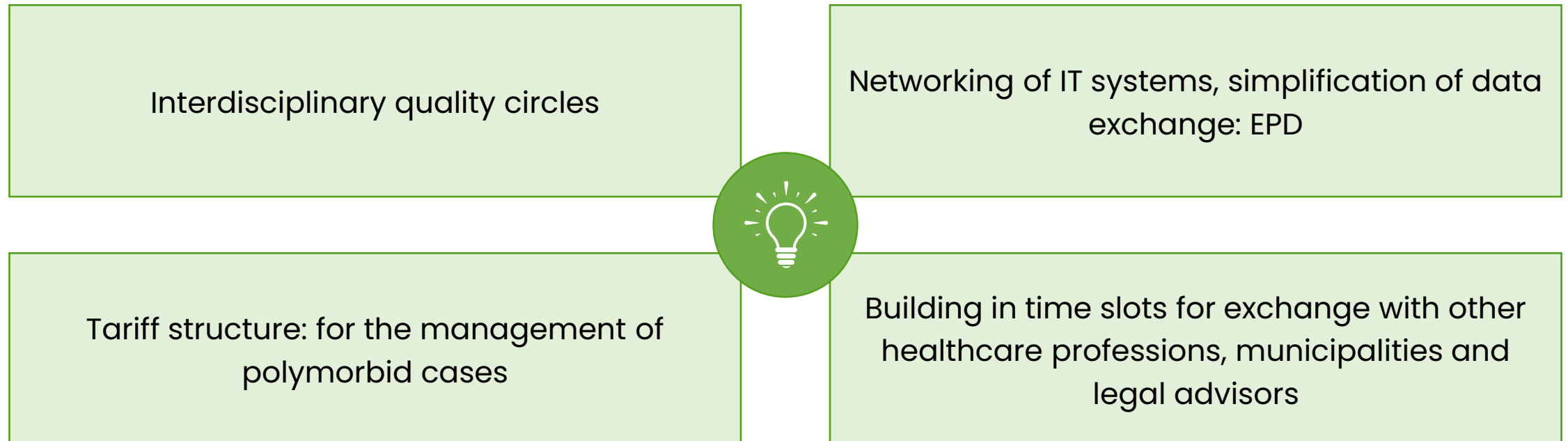
Internal/external
specialist referral



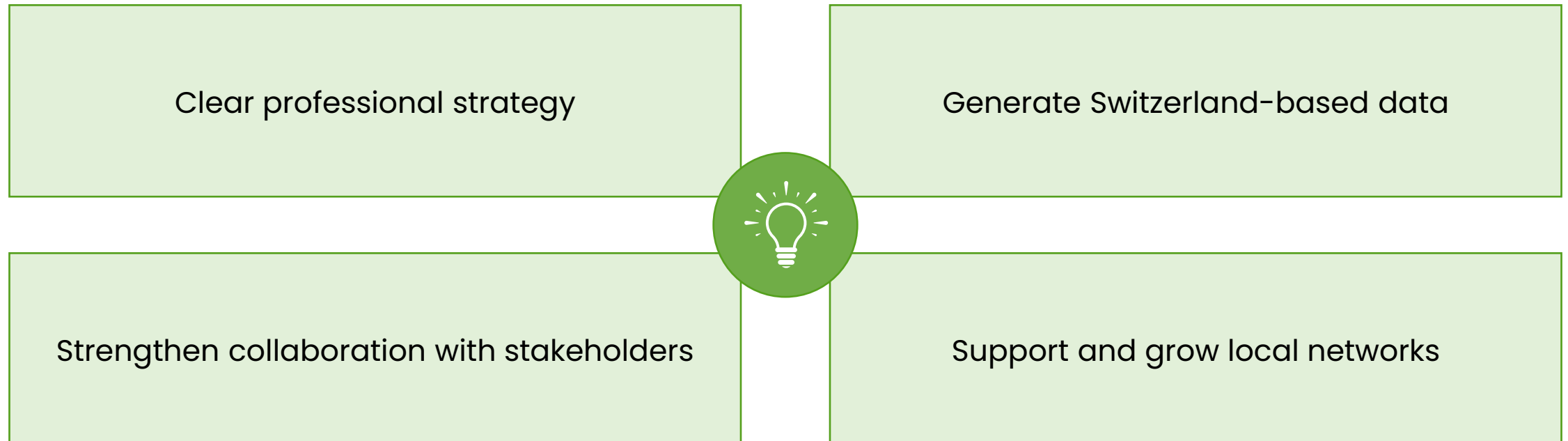
Action

Question

8. how could the effectiveness of chiropractors as first-contact providers be further increased?



8. Key priorities for next steps



ChiroSuisse

Swiss Association for Chiropractic

Association Suisse de Chiropratique

Associazione Svizzera di Chiropratica

Swiss Association of Chiropractic